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MEDICAL SENTINEL

JANUARY
1908

Volume XVI Number

Notes

An addition to cost $40,000 is to be erected to St. Vincent's hospita Portland, to be used as a nurses' home.

On December 23rd the nurses' graduating exercises of the North Pa cific Sanatorium, Portland, were held at the First Presbyterian Church

The suggestion is being made that the Oregon State Medical Societ have its meeting this year at the time of the Rose Festival, which wil occur early in June.

Following is the ticket to be voted upon at the first meeting thi month of the King County Medical Society (Wash.). President, Dr. Joh R. Booth; vice-president, Dr. Louis Kedon and Dr. George M. Horton secretary, Dr. G. N. McLoughlin and Dr. R. N. Stith; treasurer, Dr. H. C Ostrom.

The Lincoln County (Wash.) Medical Society met on December 4th at Davenport, and a very interesting meeting was held. The next meet ing will be held at Harrington on February 5th. Dr. Snyder was electe president for the ensuing year; Dr. Ganson, vice president, and Dr. Wag goner secretary and treasurer.

Drs. Carll and Gillis having resigned from the State Medical Board Gov. Chamberlain has appointed Dr. R. C. Coffey, of Portland, and Dr E. B. McDaniel, of Baker City, to take their places. The appointments have been made promptly after receipt of the resignations of the old mem

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bers, so that the new members may attend this month's meeting of the board.

The lodge work question is being discussed every now and again by the local medical society at Seattle, and it might be discussed with quite as much earnestness in Portland. The secretary of the Kings County Medical Society says there are 30,000 lodge members in Seattle who are getting medical care at the rate of eight cents a month for each person in the family, and the lodge physician gets on an average only 20 cents a call. If this is the situation during good times, what will it be when the pinch comes? We should like to have statistics as to the situation in Portland.

Councilman Cottell, of Portland, is very much in earnest in his fight on the quack doctors that infest this city. He proposes to license doctors at $1 a year, and his ordinance provides that no license shall be issued except to such professional men as can present to the city auditor a certificate, authorizing them to practice, from the State Board. This is an excellent measure, but somehow most of the councilmen need educating considerably before they can see its importance and its value to the community at large.

The trustees of the new Orthopedic Hospital at Seattle are considering the advisability of starting an outdoor camp on Queen Anne Hill for patients now being cared for in the children's ward of the Seattle General Hospital. The financial stringency has been the reason for stopping work on the new hospital that was planned, and the proposed camp is temporary in character. The hospital has more than enough money on hand to establish the camp, which will be a valuable adjunct to the main proposition, when the hospital is built.

One of our lay contemporaries has a discussion going on in its correspondence columns on the matter of baldness. Various remedies, suggestions, congratulations, old wives' fables, etc., are advanced on the subject, few of which are worth commenting upon. One correspondent advises all hairless people to consult their family physicians. A reply comes to this from a man who asserts that his family physician is as bald as a billiard ball, and he asks further what he is to do. One bald headed man asserts that he is not looking for sympathy, or for hair. He claims that the greater number of insane people have plenty of hair, while it is seldom that a bald person is seen in an insane asylum, as a patient. Another states that baldness is hereditary, being transmitted from father to son, and that if women would stop marrying bald-headed men, baldness would disappear from the face of the earth.

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Editorial Notes

The Army Medical Corps.—Speaker Cannon states that he is in favor of the proposed increased army medical corps. Perhaps he is, but most people think that he has a rather peculiar way of showing it. It may be that the measure will fare better during the next few months than it did during the last session of congress. Medical men throughout the country are very weary of the antagonism that seems to have manifested itself in some high places over the proposed reform. President Roosevelt has spoken in no uncertain voice as to its merits. He believes that the medical corps should be so placed that if we ever have another war the soldier boys will get better treatment than they have had heretofore in the American army—that we will at least make as good a showing as our much-despised Japanese brothers did in their late war. There is no service in the land that seems to possess as much jealousy of its allegal right as the military—unless it be the naval service. The desire seems to be to keep the medical department entirely subordinate. The idea that a medical man should have a veto on locating a camp in a malarial swamp, is opposed to the military mind. The military conscience is often very rugged, and oblivious to the health demands of the poor fellows who will suffer because the medical arm of the service is thwarted and disregarded. Medical journals have written on this subject and rewritten, until they are weary. They wonder how politicians can sleep when they realize that petty politics and petty jealousies have been in the past the direct cause of the death of thousands of unfortunate brave men, who had done nothing in the world to deserve their untimely fate. We are hoping that between now and the 4th of March the proposed measure will become voted upon, and that it will carry with the majority that it deserves in both houses of congress.

Bank Directors and Doctors.—No sooner had we sent to the printer, last month, an editorial on the importance of every bank directorate having a doctor thereon, and referring to the excellent influence on depositors such an official would have, than news came of the failure of a big national bank in Kansas City, whose president was one Dr. Woods. It is true that during the run on the bank it had paid off nineteen millions of dollars out of thirty-five millions of deposits. But the "Doctor" could not save the bank, and it went into the hands of the Comptroller of the Currency. When we came to investigate the matter of Dr. Woods, to ascertain why it was that he was not, as a balance wheel, able to hold his great financial institution level, we found that he had not kept up with the profession for a number of years. In fact, his title of "Doctor" was more or less honorary. It is true he had practiced medicine years ago in Paris, Mo., but he left that profession and went into the wholesale grocery business, and as long ago as 1869 he established a savings bank at Rocheport, Mo. In 1880 he went to Kansas City, and entered the drygoods business. He also engaged in the cattle business with a brother. Later he became president of the National Bank of Commerce. So it will be seen that he was altogether too busy with secular business to keep up with the progress that has been made in medicine during the past thirty years. In fact,

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the chances are that he forgot all he ever knew as to the peculiar workings of the human brain that are identified and catalogued by the student of neurology.

Pollution of the Rivers.—The first impulse of spreading humanity is to locate on a river. If navigable, so much the better, for it tends to ensure a means of transportation of people and merchandise. If not navigable, it furnishes an outlet for sewage. There are few cities in the country, lying adjacent to deep water, that do not empty their sewage therein, regardless of the health of the community. Some that lie adjacent to shallow water, do the same thing. Retribution is sure to follow, but retribution is more or less remote, and the immediate demands are regarded as of paramount importance. There are few communities of any importance in the Pacific Northwest that are not confronted with this problem of caring for sewage. Many of them feel at present that the demand for reform is not pressing. Portland is one of these cities, which however much it may be interesting itself in the matter of new bridges, subways, fire boats, and public parks, is content to continue to empty its sewage into the Willamette, believing that there is no danger in such a course, and will not be for a good many years. Seattle, Tacoma, Spokane, and smaller cities in the Northwest take the same view of maters. New York, which is located ideally for the disposal of sewage in the old-fashioned style of dumping it into contiguous waters, is awakening to the fact that its method is far from being ideal. Manhattan island is practically surrounded by tidal waters that are always on the move. Some engineers still hold to the theory that the pollution of the waters of New York bay, the North and East rivers, and the waters adjacent thereto, by sewage, manufacturing wastes and general filth and refuse, is not complete and has not yet reached an unsanitary stage. But recent investigation indicates conclusively that the pollution is not carried to sea, but is deposited in the beds of the bays and rivers, the swift current forcing the suspended matter to eddy into the docks and slips, there to be deposited or to float on the surface in masses. This affords breeding grounds for flies, which are the chief disseminators of typhoid fever and other intestinal diseases, the germs of which they gather from the fecal matter and filth discharged from the sewers.

A committee of the Merchants Association of New York has been making a very thorough investigation of the matter, and last summer it placed fly traps on and under piers, one block from the river, and so on around the water front in the various boroughs. Assigned to districts, inspectors were detailed to gather the captive flies, which were taken to the laboratory, and daily counts made of their numbers and the material on the body, mouth and legs of the insects examined. In one instance a fly captured in this way was found carrying on his mouth and legs over one hundred thousand fecal bacteria, showing the affinity to dangerous germs for this active medium of dissemination. On ferry boats, on recreation piers, bulkheads and docks, mothers can be seen during the summer with flies crawling over the mouth, nostrils and eyes of infants on their laps, trailing the poison from the deposits of nearby sewers. Think of the tens of thousands of boys and young men that swim in these waters, swallowing the filth, absorbing the infection, and conveying it to the other members of their families.

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THE MEDICAL SENTINEL

HENRY WALDO COE, M. D. Editor
PORTLAND, OREGON

With the Collaboration of the Officers of The State and District Medical Societies of Oregon, Washington, Idaho, Montana and Utah

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FRICTION ON THE STATE BOARD

Whenever the attempt is made to mix oil with water, failure is sure to follow. The wisdom of the Oregon Legislature a year ago provided for the admission to the Board of Medical Examiners of the state, of an osteopath. Considering the supreme contempt that scientific medical men have for the unscientific osteopath, one can well imagine the friction that would prevail on a board so composed. The medical men would feel that they were associating with a man who considered himself their equal, when he was a charlatan, bedecked by official authority with stolen plumes. The differences of the members of the board have been aired in the newspapers. Dr. Moore, of LaGrande, the osteopathic member of the board, has added to the comedy of the day by writing a letter to the press, in which he complains of the way the funds are distributed. The examining board charges certain fees of those who come before it for examination, and these fees are divided among the members of the board, to defray their expenses. That is, it would seem, a very proper way of doing, and heretofore we have not heard any complaint raised as to this method. Dr. Carll, the chairman of the board, answers Dr. Moore's complaint as to the division of these fees, by stating that Moore has had his share and that, in fact, he wanted more than was coming to him. Dr. Carll remarks, incidentally, that he proposes to get off the board—a step that will be regretted by a large number of physicians who recognize his capabilities, and, what is as important, they recognize that he is thoroughly competent to maintain the dignity of his postion when assailed. Drs. Coffey and McDaniel, who have been appointed to succeed Drs. Carll and Gillis, are not chicken-hearted themselves, and they may be safely expected to add to the gayety of the occasion if any present or future osteopathic member becomes at all obstreperous.

Perhaps it was better that an osteopath should be allowed to crowd himself on the examining board than that there should have been a new board created whose business it would be to examine osteopaths. It was felt that it would be undesirable to create a new state

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board, as there are enough now; besides, the osteopaths are not entitled to the honor of having a board all to themselves. But it was a sorry way to dispose of the matter, by giving the osteopaths a place on the medical board, as has been shown by the friction which has arisen. We confidently look for a demand next year that there shall be on the board a chiro-practic, a naturopath, a Christian Scientist—enough alleged therapeutic isms to either make the board inordinately large or to drive medical men with scientific attainments from the board of medical examiners.

CONTRACT PRACTICE

It is to be presumed that while the medical colleges keep on turning out new physicians at the present rate, and while the supply of physicians exceeds the demand, nothing can be done to stop the contract practice evil. In Portland, a year or more ago, the matter was discussed, and resolutions were passed by the local medical society on the subject. But these resolutions did little or nothing to deter members of the profession, who are in good standing, from accepting appointments that come within the proscribed limits, and the play still goes on. It is tacitly conceded that it is within the realm of the strictest ethics for a medical man to accept a position as a railway surgeon and physician, if even his patients pay for their treatment a fixed sum per month to a railroad benevolent association, which is within the control more or less of the railroad in whose employ they are. Railroad companies have found that for their own protection, and for the welfare of their men, it is essential that such an organization exists. The railroad does not inaugurate such a measure for the purpose of securing cheap or low-priced medical services for their employes, nor to exploit the medical profession, with a view of making a profit on the transaction. It is solely that the human machinery needed for running their railroad may be maintained at the highest physical excellence. These remarks are made for the reason that some physicians who are associated with the less ethical movements to secure medical treatment by contract are apt to point to railroad physiciaans, and ask why they should be allowed to criticise the so-called hospital associations.

The hospital associations, which exist solely for the purpose of selling physicians' services at so much per year per family or individual, are entirely antagonistic to the prevailing idea of the consistently honest medical man. The profession aims to prevent disease. It claims, and that with good reason, that its members do not seek to make money for themselves at the expense of the health of the community. Physicians, individually and in assocation, are constantly pointing out health measures which should be introduced; where, cities, counties, states, and the nation can secure greater efficiency for their boards of health, and prevent, rather than permit, the spread of disease. This attitude is one which commands the respect of the

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community. It places the medical profession off by itself as a profession that seeks, against its own financial interest, to make suggestions that will the best promote the health of the nation. But the hospital organization which for a small sum annually, and the lodge which seeks for its members to procure medical attendance for an annual pittance paid to the doctor, are working against the public health. The physician who for a mere pittance has undertaken the contract of doctoring a family, cannot do his duty by his patients. It is asking too much of frail human nature to expect that he will, when realizing an average of 20 cents a call, give the same attention to his patients as he would if he received the regulation, and reasonable, fee. It is true that he may give a patient who is actually a charity patient—who is unable to pay—his very best attention. But he would be super-human if to the family of the plumber or the brick mason, with an income of six dollars a day, he gave his best thought and skill and attention, when he is only paid the miserably small sum that goes with lodge or contract prices.

Lodge and contract work, when taken at the usually prevailing prices, strikes at the principles which should govern the physician in his treatment of patients. It belittles the professional skill of the man who has spent years in preparation for his work, in requiring him to give his skill for almost nothing to those who are abundantly able to pay. It encourages careless, superficial examination and slipshod treatment. It places in the semi-charitable list people whose income is sufficient to justify them in holding up their heads, and employing what physician they please, at a reasonable price; it pauperizes them in making them feel that they are getting something for nothing, and subjects the physician to an unreasonable and unsatisfactory competition, that makes a pessimist of him when he seeks to count up his profits.

COMMAND OF HOSPITAL SHIPS

The medical profession owes a debt of gratitude to President Roosevelt for the position he has taken in the matter of placing a naval surgeon in command of the hospital ship, Relief. Rear Admiral Brownson, the Chief of the Naval Bureau of Navigation, objected to such an appointment; his objection was overruled by the President, and Brownson resigned in consequence. The country can stand his resignation. There has, in the navy and the army, been altogether too much jealousy of the medical branch. A year ago a joint board of army and navy medical officers convened by executive order, recommended that hospital ships should be commanded by medical officers. President Roosevelt is not one of the kind who backs down from a position that he regards for the good of the service, and it looks as though in navy circles, at least, the medical profession was coming to its own.

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END RESULTS OF OPERATION FOR CANCER OF THE BREAST

By ANDREW C. SMITH, M. D.
Portland, Oregon

Read before the Portland City and County Medical Society, October 2, 1907

In determining final results after operation for Cancer of the Breast, several factors are to be taken into consideration; the rapidity of progress, the extent of involvement, the character of growth, and the radicalness of the operation.

The period of duration of the disease is often problematical, as we have to date it from the time of discovery by the patient.

The disease may have existed many months and have attained considerable size before discovered—indeed it may have attained wide lymphatic dissemination before being discovered.

Of course the period of duration has to do with the prognosis, as a rapdly growing cancer is much more malignant than a slower growing one.

The patient usually assures us that her recent discovery of the growth was coeval with its appearance, but the fact is it may have existed for months before being discovered.

I believe that it is well we should eeducate our middle-aged patients to occasionally examine their breasts, and if any suspicious kernel appears, have it examined at once.

The specimen here presented, which I removed today, was first discovered by the patient six weeks ago. Although, as you see, it is a distinct and hard growth, as large as an egg, and has probably been a determinable tumor for several months, she declared that it appeared so suddenly that it must be an abscess. She has been treating it with poultices, till yesterday she consulted me for the first time. She is 40 years of age.

In determining the end results of operation for cancer of the breast, we must remember that there is as much difference in the virulence of carcinoma as there is in other diseases—typhoid fever, for instance. I have on hand now a case illustrating this fact.

Mrs. C., age 36. Tumor in left breast was removed by one of our Portland surgeons about two years ago. Nine months later breast was removed by a surgeon in Astoria. Axilla not involved. In nine months she came to me with enlarged glands in arm pit, and a recurrence in scar tissue. I removed as much of the tumor as possible. I had also X-rayed her post-operatively for several weeks. Notwithstanding these procedures and precautions, she now has recurrence

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over the operated area, and metastases in the hip and I think in the spine.

Another case, a Mrs. N., age 48, whose left breast I removed by the Halstead method 28 months ago, and X-rayed vigorously, beginning in two weeks after the operation, had recurrence in the scar in 15 months, which I removed and continued the X-ray. She is now dying with metastases in the uterus and liver.

But a better example of the virulence of some carcinoma is found in the wife of a fisherman in whom I removed the left breast radically, and in three months the disease appeared in the other breast, which I removed promptly, but metastases appeared in a few weeks in the abdomen.

But the end results which are recurrent are not always so rapidly so.

Most of my recurrences, about two-thirds, are about two years and within three years.

However, I have now a case illustrating remote recurrence and in an old person. The patient, 68 years of age, a sister in religion, whose right breast I removed 15 years ago. The recurrence is in the affected side and took place four years ago, at which time I again operated quite radically. She now has a fetid, fungus mass which will soon terminate life by hemorrhage or sepsis.

This is an example, too, of the fact that advanced age does not prevent recurrence.

We often hear much discouragement expressed by patient and physician of any further effort to cure when recurrence takes place, but it should be remembered that removal of recurrences generally renders life more comfortable and tolerable, and often prolongs it, and even sometimes saves it, final cure occasionally ensuing. I have not a case now living to substantiate this statement, but others have. I operated on a nodular recurrence in eighteen months, on a case from Oswego, ten years ago, who died of pneumonia five years later, having meanwhile shown no sign of recurrence.

I think that recurrences should be treated by a caustic paste and followed with the X-ray, rather than by cutting. There is great danger in cutting in close proximity to several recurrent nodules of disseminating the disease. When we come to critically analyze our end results, there is much of discouragement about it, the recurrence and death within three years being well over sixty per cent. Yet we know that if we can attack the dread disease early and radically, we may hope for satisfactory results.

While the virulent type of cases will perhaps have made such wide lymphatic excursions that the knife cannot hope to head them off, the majority, probably two out of three, will by early and radical attack be permanently cured.

I have a number of gratifying examples of this fact, and, too, with satisfactory functional results in the arm after both pectoral muscles have been removed, except the clavicular portion of the major muscle.

The longest avoidance of a recurrence which I have is a Sister in

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religion, whose left breast in the lower outer quadrant was the seat of a distinctly malignant tumor, from macroscopical appearances, although I regret to say was not examined microscopically, who has today, after a period of fifteen years, no sign of recurrence or metastasis.

Only this afternoon I saw one of my cases, a Mrs. K. of Canyon City, Ore., on whom I operated very radically on March 22nd, 1901. Her left nipple was retracted, and there was much dimpling of the skin. Although six and one-half years have elapsed, there is no sign of a recurrence. Mrs. K. was in her 42nd year when operated upon.

I have quite a number of cases that are gratifyingly free from recurrence, though I'm always in dread for those that showed retracted nipple, or other evidence of shortened trabeculae or perceptible involvement of axillary glands.

Although our results are extremely discouraging in virulent cases, brutal radicalness seeming wholly inefficient to prevent recurrence or metastasis, yet there are in apparently hopeless cases, occasional end results of great satisfaction to patient and physician.

My assistant is now X-raying twice a week a case of especial force in illustration of this statement.

A Mrs. T., age 46, was operated on by me in March, 1905, although the picture was a most discouraging one. The growth was in the left breast, with deeply dimpled skin, and much retracted nipple, and but little mobility on the chest wall. The axillary glands were perceptibly involved, with considerable oedema of arm and forearm. But, worse than this, was that discouraging indication of incurability, perceptible involvement of supra-clavicular glands.

She had been declined as an operative case by a prominent surgeon here present.

Although I had no hope of a satisfactory end result, I advised her to submit to an operation for the relief it would promise, and urged her to submit herself to X-ray treatment as continuously as her skin would permit, for the hope of preventing recurrence as long as possible, which she has done, and is still courageously doing. Indeed, if she were rich, I would need no other patient, so grateful and so persistent is she.

This was the most radical operation I ever did, the muscle sheaths of the serratus magnus and upper end of rectus being dissected away, as well as those of the Lattismus dorsi and subscapularis.

After a most thorough dissection of the axilla, the incision was extended up along the posterior border of the sterno-mastoid and the whole cervical chain followed and removed as radically as possible. It was not found necessary to disturb the clavicle, good exposure being secured by alternate traction below and above it.

There is now, I regret to say, a suspicious mass in the infra-maxillary region, and although we are persistently hammering away with the X-ray, we are in fear and trembling of the future.

Nevertheless, enough has already been accomplished to justify my statement, that "there are in apparently hopeless cases, *occasional end results* of great satisfaction to patient and physician."

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We often ask ourselves the question, what period of time must elapse without recurrence before we can claim a cure?

It is but a few years since two years of non-recurrence was considered a cure. Now we often hear it spoken of as three years. The case of the Sister above reported is an example of distant recurrence in a much longer period.

I do not think, however, that it is fair to the credit of *end results* to charge up to an excised cancerous breast a malignant disease of a distant part occurring after two or three years, especially if it be not, or accompanied by, a local recurrence.

How are we to know that it is not wholly independent of, and a distinctly separate invasion even in a late local recurrence, the cicatrix perhaps determining the point of attack, because of the greater susceptibility of scar tissue to malignancy?

Sex seems to have an important bearing on cancer of the breast. It occurs 100 times oftener in women than in men. I have had two cases in men, in neither of whom was the axilla apparently involved, and were not invaded in the operation. Both were rapidly fatal by metastasis, one to the pleura and lung, the other to the spine.

Our hope for better end results in the future lies in education of the laity to consult us early for any sort of lump in the breast. If found early radical operation will secure permanent favorable end results in perhaps 65 to 75 per cent of cases. If conditions are reversed these figures will be reversed.

We must bear in mind that metastases cannot be headed off if the infection is widely diffused along extensive fascial planes, or where lymphatic chains are freely continuous, which soon embrace everything from scalp to knee.

The transmission of malignancy by blood channels is, I believe, now denied, and metastases are attributed wholly to the lymphatics. This would explain the frequency of recurrence in the skin of the affected area and will, I believe, in the near future establish a dictum that the removal of integument should be equal in area to the extent of subcutaneous involvement. If this may appear extravagant then I'll vouch for the statement that we should not be tempted to plan our incisions for cosmetic effect, or on any certain plastic lines as, for instance, the observance of Jackson's "Conservatism of the Skin." Better a grafted area, uninviting to the eye, with no recurrence, than a Jackson or other pleasing looking flap that may result in nodular recurrences.

As to radicalness of operation. While I believe that a slight operation done early will give better end results than a radical operation done late, I believe that Halstead's plan should be followed always when sure of your diagnosis. The case of Mrs. C., above quoted, is a striking illustration of the necessity of this practice.

When a case is absolutely inoperable, as to ultimate end results, it is better to do a palliative operation than to attempt a radical one. The X-ray is, I believe, an agent of much value in the post-operative treatment of cancer of breast.

It would be a loss of valuable time and, therefore, unjustifiable, to

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use the X-ray on a malignant neoplasm, to the exclusion of the knife, but that it has an influence in destroying scattered foci and thus delaying if not preventing recurrence, I have no doubt. I therefore urge upon all my patients the desirability of submitting to X-ray exposure twice or thrice weekly, recommending, too, that there be no definite limit to the time of continuance in those cases that are adherent to the skin or to the chest wall, or where the axillary glands are palpably enlarged, and with still less hope but the more persistently if the cervical glands are involved.

Mixed Malarial Infection and Gangrene.

First noticing previously reported cases in the literature of gangrene associated with malarial infection, E. J. Wood, Wilmington, N. C. (Journal A. M. A.) gives an account of a number of cases of symmetrical gangrenoid conditions occurring in his vicinity, probably associated with malarial infection, though this was not stated in some of the very brief histories he collected. One case, however, was observed carefully, and in this, in addition to the lesion mentioned and rather profound mental hebetude, the blood was found loaded with tertian parasites, though there was nothing else at the time suggestive of malaria in the symptoms. Later, however, the quartan parasites appeared in the blood with the other form, and chills and fever appeared. Wood discusses the case and states his conclusions as follows: 1. Malaria may be considered a direct or a provocative agent of symmetrical gangrene of the skin. The skin lesion differs somewhat from the classical description of Raynaud. 2. Tertian and quartan malaria may occur simultaneously, but such a combination is exceedingly rare. Usually one type predominates. 3. Latent tertian fever occurred in Case 8. It is very unusual. 4. Certain peculiar psychoses may be present in malaria and are probably of toxic origin. This question should engage the attention of the psychiatrists in malarial districts or physicians having patients from these districts.

Notes on Early Diagnosis of Pulmonary Tuberculosis.

Herbert Maxon King, of Liberty, N. Y., says that in general we do not get our tuberculous cases in the incipient stage, so that we cannot begin treatment as early as we ought. When we do get them the symptoms are so advanced that anyone can diagnose them. In order to make an early diagnosis we must consider the family history as to predisposition or infection, as well as the patient's personal history. Slight afternoon temperature, lassitude after slight exertion, night-sweats, susceptibility to colds and grippe all have their significance. Physical signs will be so slight that none of the ordinary ones will be present. There will be no appreciable dullness. Only a slight prolonged expiration and a click at the end of inspiration will be present, and the chest must be very thoroughly examined all over to detect them. The ophthalmo-reaction will be a method of diagnosis that is harmless and useful in these early cases.—Medical Record.

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THE EFFECT OF CERTAIN GYNECOLOGICAL OPERATIONS UPON THE MENTAL CONDITION OF THE INSANE

With Report of Cases

By L. F. GRIFFITH, M. D.
Salem, Oregon

Read before the Oregon State Medical Society, July 13, 1907

The importance of pelvic diseases of women as a causative factor in insanity has been variously estimated. That it is a factor of importance in some cases is admitted by all. But the belief entertained so generally by the laity, and sometimes expressed by members of the profession, that disease or displacement of some of the generative organs is the chief cause of mental alienation in women is largely based upon prejudice.

While there might seem to be a larger proportion of insane women suffering from pelvic disease than is encountered among the sane, it would probably be determined, if the sane population were as frequently and generally submitted to gynecological examinations as is the case with women confined in asylums, nearly, if not as great an amount of disorder would be encountered. This being true, the very large proportion of women who suffer from some form of pelvic trouble without the development of any mental disturbance must demonstrate that without the existence of other important etiological factors—especially neurotic inheritance—pelvic disease rarely plays an important part in the pathogenesis of alienation, its existence being accidental and a modifying factor only.

Many insane women are noticeably worse at each menstrual period; puberty and adolescence often mark the beginning of mental deterioration; the burden of child bearing plays its part in developing latent neurotic tendencies; and the menopause is seldom free from more or less nervous and mental symptoms. But this is all due to the inherent lack of stability of the individual, the period or function involved being normal and physiologcal, and the generative organs may or may not be sound and properly placed.

If, therefore, pelvic disease is usually only incidental or possibly one of many causes that has helped to develop an inherent mental instability or serves only to aggravate an already exsting psychosis, how may we account for the more or less brilliant results occasionally reported of gynecologic operations for the relief of insanity? While not doubting the candor of these reports, the following facts should be taken into consideration: It is extremely gratifying to an opera-

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tor to have his cases turn out well, and especially so when secondary or remote effects are so fortunate as to result in the cure or marked improvement of a condition so baneful as insanity. Such a result is so inspiring as to influence him to take the most favorable view possible of the subsequent condition of his patients.

And the favorable effect upon the mental state of the patient cannot all be attributed to the pathology removed. The psychological effect of a grave operative procedure, the anaesthesia, the prolonged decubitis, the extra care and careful dieting, the hopeful expectancy of friends, attendants and physician, must all be reckoned as playing some part in the favorable results that may be attained.

The most recent report of this character that has come to my notice, is by Dr. W. O. Henry in a late number of the Journal of the A. M. A., reporting twenty-eight celiotomies for pelvic disease in the insane. Commenting on these, he says: "Of this number only one patient has been operated upon too recently to tell what the ultimate result will be. The others have been operated on long enough to signify something of the benefit they will receive. The first ones were operated on nine, ten and eleven years ago, and remain well to the present time. Sixteen of the patients made a perfect physical and mental recovery. One died. All except this one were temporarily benefited, and none made worse. Two have died since of intercurrent troubles. Eight, although slightly improved, I have not been able to trace, and do not know their condition."

He submits the following conclusions:

1st. "The relations of insanity and pelvic disease in women have not heretofore received the attention which their importance deserves, nor which they will receive in the near future."

2nd. "Not all insane women who have pelvic disease as a factor can be cured by local treatment or operation, but in the early stages such treatment or operations in many cases would have been curative or preventitive."

3rd. "Cases not benefited by local and conservative operations might still be cured by more radical operations."

4th. "All insane or epileptic women should have their pelvic organs most thoroughly examined at once, and all diseased conditions should be relieved as quickly as possible."

Dr. A. T. Hobbs, of London (Ontario) Asylum, examined 220 insane women, and found 188 of them—85 per cent—suffering from some pelvic lesion. One hundred and seventy-three of these were operated upon, 42 per cent recovered, 24 per cent were improved, 32 per cent remained the same, and 2 per cent died.

Dr. Witte, Superintendent Clarinda State Hospital of Clarinda, Iowa, read a paper upon "Surgery for the Relief of Insane Conditions," before the American Medico-Psychological Association at the 1905 meeting, in which he offers the following conclusions with reference to pelvic diseases:

"1st. Do not expect improvement in the mental condition from operative interference in the absence of actual disease of the pelvic organs requiring surgical aid."

"2nd. In pelvic disease complicating insanity, often much good in

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the way of improving general health and comfort, and thereby aiding and promoting mental restoration, may be accomplished, by less heroic measures than surgical."

"3rd. In the insane, as in the sane, pelvic disease, disturbing or impairing patients' health, or even seriously the comfort, or threatening life and remediable by surgical intervention only should receive surgical aid promptly and efficiently."

"4th. To benefit coming generations, surgical measures to annul procreative power are indicated and justified in certain types of insanity, deficiency and degeneracy depending on an inherited and inheritable constitutional tendency or abnormality."

The conclusions of Dr. Henry and Dr. Witte represent, respectively, the extreme and the conservative views upon this subject. My own experience has led me to believe that operative procedure should be employed under exactly the same conditions in the insane as in the sane. Whenever the health and comfort of the patient can best be promoted by surgical means it is our duty to aid her in this manner, the prime object being to benefit and improve the patient's general health and secondarily to thereby increase her chances for mental improvement.

During the past two years I have had thirty-six celiotomies for the relief of disease of the pelvic organs in insane women, a tabulated report of which is appended to this paper, showing the age, time in hospital, form of insanity, pelvic pathology, character of operation, and result of treatment in each case. From this table it will be observed that sixteen of the cases had been confined in the asylum from two to thirty years and were, therefore, so chronic as to render recovery very improbable. Three had been confined about one year and the other seventeen cases were comparatively recent and had not been in the asylum over six months. Of the sixteen who had been insane two years or more one was discharged improved in mind. The other fifteen are still in the hospital, all improved in general health but without material change in their mental conditions. The character of operations in these were: One complete hysterectomy for carcinoma of cervix, five supravaginal hysterectomies for uterine fibroids, two ventro suspensions, one ventro suspension and removal of right ovary, and seven ovariotomies.

Of the 20 recent cases, or those that had been in the asylum less than two years, twelve were discharged recovered, one discharged much improved, four discharged improved, and three are still in the hospital. The character of operations in these cases were: One hysterectomy for uterine fibroids, one hysterectomy for septic metritis with tubo ovarian abscess, eleven ventro suspensions, usually with trachelorrhaphy, perineorrhaphy, removal or conservative treatment of ovaries, and seven ovariotomies for ovarian cysts or other diseases of ovaries.

The mental states at time of operation of the twelve that recovered were: Nine cases of melancholia and three of mania. These are among the more favorable forms of insanity and they would probably have recovered without operation, though doubtless their recovery was hastened and made more permanent by relief of the local condition.

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Mrs. G., 50.	2 years and 3 mo.	Chronic melancholia.	Carcinoma cervix.	Complete hysterectomy.	Improved health.	Still here.
Mrs. E., 38.	5 years.	Chronic mania.	Uterine fibroids.	Supra vaginal hysterectomy.	Improved health.	Still here.
Mrs. B., 58.	8 years.	Chronic mania.	Uterine fibroids.	Supra vaginal hysterectomy.	Improved health.	Still here.
Mrs. L., 53.	1 month.	Acute melancholia.	Uterine fibroids.	Supra vaginal hysterectomy.	Recovered.	April, '06.
Mrs. R., 36.	12 years.	Chronic mania.	Uterine fibroids.	Supra vaginal hysterectomy.	Improved health.	Still here.
Miss M. B., 45.	30 years.	Dementia.	Uterine fibroids.	Supra vaginal hysterectomy.	Improved health.	Still here.
Mrs. G., 36.	3 weeks.	Melancholia.	Puerperal sepsis, tubo-ovarian abscess.	Removal of left ovary and tube and uterus.	Recovered.	April, '06.
Mrs. A. H., 32.	8 months.	Melancholia.	Lacerated perineum and procidentia.	Perineorrhaphy and ventro suspension.	Recovered.	June, '06.
Mrs. M. C., 35.	5 months.	Melancholia.	Lacerated perineum and retroflexion.	Perineorrhaphy and ventro suspension.	Much improved.	May, '07.
Mrs. C. S., 40.	2 years.	Paranoia.	Retroflexion with adhesions.	Ventro suspension.	Improved health.	Still here.
Mrs. A. P., 48.	7 years.	Chronic melancholia.	Retroflexion.	Ventro suspension.	Improved health.	Still here.
Mrs. E. J., 28.	2 months.	Acute mania.	Retroflexion.	Ventro suspension.	Recovered.	April, '05.
Mrs. J. O., 25.	8 months.	Chronic mania.	Chronic ovaritis and retroflexion.	Removed right ovary and ventro suspension.	Improved.	March, '07.
Mrs. A. K., 36.	3 months.	Acute mania.	Follicular cysts, ovaries and retroflexion.	Conservative op. ovaries and ventro suspension.	Recovered.	May, '06.
Miss H., 27.	9 years.	Dementia praecox.	Chronic ovaritis and retroflexion.	Removal of right ovary and ventro suspension.	Improved health.	Still here.
Mrs. W. H. S., 35.	3 months.	Acute melancholia.	Cystic ovaries and retroflexion.	Repair of ovaries and ventro suspension.	Recovered.	June, '06.
Mrs. J. M., 45.	1 month.	Melancholia.	Lacerated cervix and retroflexion.	Trachelorrhaphy and ventro suspension.	Recovered.	September, '06.
Miss R., 35.	2 months.	General paresis.	Chronic salpingitis, ovaritis and retroflexion.	Removed r. tube and ovary and ventro suspension.	Improved health.	Still here.
Mrs. E. F., 37.	1 month.	Acute mania.	Endometritis, lac. cervix, retroflexion.	Trachelorrhaphy and ventro suspension.	Recovered.	December, '06.
Mrs. L. M., 19.	3 months.	Puerperal mania.	Subinvolution and retroflexion.	Curetment, ventro suspension.	Improved.	May, '07.
Miss S., 24.	2 years.	Epilepsy.	Cystic ovaries.	Removed both ovaries.	Not improved.	Still here.
Mrs. H. T., 46.	3 years.	Epilepsy.	Cystic ovaries.	Removed both ovaries.	Not improved.	Still here.
Mrs. A. S., 39.	4 months.	Acute melancholia.	Cystic ovaries and masturbation.	Removed both ovaries.	Recovered.	December, '05.
Miss M. Y., 21.	6 months.	Dementia praecox.	Masturbation.	Removed both ovaries.	Cured habit and rendered quiet.	Still here.
Miss L. C., 35.	3 months.	Acute melancholia.	Cystic ovaries and masturbation.	Removed both ovaries.	Recovered.	November, '05.
Miss G. E., 19.	1 year.	Acute melancholia.	Vicarious menstruation, mania with each period.	Removed both ovaries.	Recovered.	March, '06.
Mrs. S., 38.	14 years.	Dementia praecox.	Masturbation.	Removed both ovaries.	Cured habit, more quiet.	Still here.
Miss W. D., 24.	6 years.	Dementia praecox.	Masturbation.	Removed both ovaries.	Improved habit, more quiet.	Still here.
Miss E. G., 22.	3 years.	Dementia praecox.	Masturbation.	Removed both ovaries.	Improved habit, more tractable.	Still here.
Miss A. F., 29.	2 years.	Dementia praecox.	Cystic ovaries.	Removed both ovaries.	Improved health.	Still here.
Miss B. G., 28.	3 years.	Dementia praecox.	Cystic ovaries.	Removed both ovaries.	Improved.	June, '07.
Miss D. H., 43.	14 years.	Friedreich's ataxia.	Double papillary cyst.	Removed cysts.	Improved health.	Still here.
Miss L. G., 25.	6 months.	Paranoia.	Dermoid cyst, r. ovary cyst, adenoma, l. ovary.	Removed cysts.	Improved health.	January, '06.
Mrs. A. H., 33.	5 months.	Melancholia.	Cyst adenoma, r. ovary.	Removed cysts.	Recovered.	June, '06.
Mrs. E. M., 28.	3 months.	Puerperal mania.	Cystic ovaries.	Removed both ovaries.	Not improved.	Still here.
Mrs. G. M., 30.	1 month.	Dementia praecox.	Retroflexion, small fibroid, cystic ovaries.	Myomectomy, suspension, cysts opened.	Improved health.	Still here.

MENTAL INFLUENCES ON MATERNITY

By L. W. BROWN, M. D.
Eugene, Oregon

Read before the Oregon State Medical Society, July 13, 1907

Mrs. G., pregnant with her second child, went into the kitchen in the dark, supposing herself alone; she groped her way with outstretched hands, seeking for an object; unexpectedly her hand came in contact with the head of a negro, who was asleep with his head resting on the table.

She was greatly startled by the shock. Her child was born physically perfect, but his hair had the peculiar feel and the short crisp curl of the negro.

Mrs. H., while pregnant with her first child, stepped upon a hot poker and burned her foot. She gave birth at term to a boy physically perfect, with a mark on his foot corresponding in location and geeeral appearance to the burn upon her foot.

Mrs. H., while pregnant with her first child, became very much excited at witnessing a quarrel between two men in the car in which she sat. One knocked the other down and brought blood upon his face, which she saw and became alarmed. Her child was born with a large bright red mark at the base of the neck.

Mrs. M., while pregnant with her first child, answered the doorbell; when she opened the door a deformeed cripple suddenly presented herself to her sight, and she was very much startled. Her child was born at "term," very much deformed in body.

I might go on to enumerate illustrations; doubtless every physician has personal knowledge of cases, and our literature abounds in them, in which *maternal impressions* exert an influence which is manifested by physical signs upon the foetus in utero, and remain at birth and through life.

These *physical* results of impressions are phenomena peculiar to gestation, and therefore possess an interest in this connection. The query arises as to whether these results are mere coincidents, and therefore accidental, or are they to be accounted for by a study of the physiological laws governing reproduction?

Preliminary to any attempt at an explanation of these phenomena, is an understanding of the anatomical relation of mother and foetus in utero, and the medium of communication between the two. Is the foetus in any true anatomical sense a part of the mother? On the one hand it is contended that as soon as the fecundated ovule escapes from the ovary and is conveyed to the uterus, it ceases to be an anatomical part of the female, that it then and there takes on an individuality, and

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becomes no longer an integral part of the woman, but assumes a peculiar relationship, which is not anatomical but nutritive, this relationship extending over a period of nine months, after which it is expelled from the womb and a new nutritive relation established in which the individuality is more manifest but not more essential, and that during the period of intra-uterine life there is no direct channel of communication between the mother and foetus, either vascular or nervous.

There being no permanent organ of communication in utero, provision is made for the erection or creation of an organ for this sole purpose. This organ is the joint product of the uterus and ovum, and is denominated the placenta. The foetus being anatomically related to a portion of this organ and the uterus being anatomically related to another portion and these two portions being developed pari passu in juxtaposition, combine to constitute an organic whole, bearing a joint relationship to the uterus and foetus, and constitutes the medium of temporary union between two dependent individualities, the one furnishing nourishment, the other being nourished.

It is claimed that the projection of the curling arteries of the uterus into maternal placenta are not accompanied by any nerves, neither are there any nerves in the umbilical cord; hence there is no nervous communication between mother and foetus. It is also claimed that the union between the two portions of the placenta is one of intimate coaptation, there being in fact a maternal membrane of extreme tenacity, so delicate as to defy demonstration throughout, separating every part of the maternal placenta from the foetal placenta and therefore it is through this membrane that the minute radicals of the foetal vessels receive nutritive blood and deliver up the venous blood of the foetus by endosmosis, and exosmosis, there being for this purpose a "pool of maternal blood" and the function of exchange is like that of the respiratory branchia of the fish.

If we accept this as a whole of the intra-uterine nutrition, it will be difficult to account for the "marks" and other peculiarities which are localized upon the child.

In addition to such localized effects which are typified by the cases cited at the head of this paper, there are other and more general effects which have been traced to maternal impressions, such as arrest of development in particular organs, cleft palate, hare-lip, spinal and cerebral herniae, etc., and also what have been termed spontaneous amputations and fractures of limbs, idiocy, and death.

Upon the theory of foetal nutrition it would be easy to account for the death of the foetus in utero, or the arrest of development in whole or in part, through the change effected in the maternal blood by fright or other very powerful impression, such as grief or anger.

A mental shock which will destroy the appetite and derange the functions of the liver, may extend its influence to the entire nutritive system, and so act as to generate poison in the blood. This may impair very seriously the health of the individual. If it be a nursing mother, the influence will manifest also upon her child, by a partial or general and very serious disturbance of its health, even to the destruction of its life after or during nursing.

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If, therefore, a poison so subtle and powerful can be generated as to change the mother's milk into a deadly poison, that poison is most likely developed in the mother's blood, and thence reaches the milk through the lactiferous glands. We may readily infer that the foetus in utero would be more easily affected by such influences, since the maternal and foetal connection is more intimate than that of the mother and the nursing child.

From the period of conception to the close of lactation the physical relation of mother and child is such as to bring the child within the range of certain influences made on the mind of the mother. During this entire period the mental condition of the pregnant or nursing woman becomes one of peculiar interest. He who would obtain the best success in the treatment of infantile disorders must not lose sight of the mental state of the mother. We find congenital abnormalities whose causation is to be sought in the mental condition of the mother at some period of gestation. But it is worthy of note that the mental condition which conveys a disturbance to the foetus or nursing child is not the prevailing one, but is incidental, brief, but intense, like the electric storm, charged with lightning, thunder and floods of water, carrying devastation in its track. The fact that impressions made upon the mind of the mother may be conveyed to the child within her womb, is recognized by the laity as well as the profession, but there has not been a satisfactory explanation of how this is effected.

This is different from hereditary influence. Prevaling states of mind which are peculiar to the gestative period are often transmitted, and become a permanent characteristic of the new being, for instance likes and dislikes of particular articles of diet.

In order to a comprehension of these phenomena, we must study more fully the anatomy and function of the wonderful temporary organ of inter-communication in utero between mother and foetus, the placenta. In doing so we shall find that it is far more complex, that it is not merely depurative or respiratory, but glandular and elaborative. If this be so, we cannot avoid the conclusion that in it and through it there is a union of ganglionic systems of the mother and foetus, and if so, since the cerebro-spinal system of the mother is connected throughout with ganglions of her sympathetic, therefore impressions made upon her cerebro-spinal system may be made through it via the ganglionic system upon the foetus.

From minute and elaborate description of the human placenta, we make the following abstract: "Each villus of placenta is composed of a blood vessel, a layer of cells, and a fine membrane, derived from the chorion of a second layer of cells, and a second membrane, derived from the decidual with a small cavity between the two; the whole of these structures being inclosed in the blood-membrane of the mother. The capillaries of the foetus become, in effect, in the placenta, a portion of the capillary system of the mother. The pulmonic or bronchial function is not the only one performed by the placenta in foetal nutrition and excretion.

"The layer of cells derived from the decidus and chorion, and the vessels of the villi, are also analogous in function with the cells and

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lacteals of the villi of the intestinal tube. As these cells arrive at maturity they burst, and their contents, which are of a milky appearance, are passed into the space between the two layers of cells, new generations of cells being formed to succeed them, from the germinal spot found in the villi. The chymous fluid, thus elaborated by the first layer of cells, and passed into the space between the two layers of cells, is next assimilated to a further and higher degree by the internal and foetal, or chronic, layer of cells, as in the former case, by the growth and rupture of the cells, and the chylous material produced is absorbed and carried into the foetal circulation by the vessels of the villi. The placenta may be said, therefore, to perform in the foetus the functions of the lungs and the intestinal canal."

But before this blood, thus acted upon in the placenta, reaches the heart of the foetus, it is noteworthy that the chief quantity of it is passed through the liver of the foetus to be further elaborated and fitted for foetal nutrition. In order to the performance of these elaborate functions there must be a nerve-force supplied from the ganglionic system of both mother and foetus. As each ganglion is a nerve-centre, a generator of force, which is to be expended chiefly upon some specific organ, we perceive that any disturbance of a nerve-centre will be manifest in the organ over which that ganglion presides. The cerebro-spinal system exerts itself upon the voluntary movements of the body, and as general correlating force upon animal economy.

It will be seen, then, that there is a sense in whch the ganglionic system may be called the seat of life; therefore, if the foetus is not an anatomical part of the mother, but possess an individuality which essentially differs from an organic part of her body, that individuality must reside in its ganglionic system.

Inasmuch as this individuality consists in part of the vessels of the funis and chorionic placenta, the conclusion is unavoidable that the influence of the ganglionic system must extend to these organs, and therefore, in order to this, nerves from this system must be distributed to the vessels of funis and placenta. On the other hand, the maintenance of the function of the decidual placenta must be preserved by the ganglionic system of the mother, nerves from which are distributed to it from the curling arteries of the uterus. Here we will find the union of the two nervous systems. This union is not merely one of contact, it is one of harmony and sympathy; there is a correspondence throughout, by which corresponding nerve-centres or ganglions of the mother exert a special influence upon similar nerve-centres or ganglions of the foetus in utero. It is thus we find an adequate channel for the transmission of maternal impressions to the foetus in utero.

Each ganglion of the sympathetic system acts as a distinct brain, and exerts its chief power or influence within a circumscribed portion of the body, or upon certain organs; hence a disturbance acting upon a ganglion will be manifested in that particular organ or organs over which such ganglion presides. If, therefore, a powerful disturbing impression is made upon a certain ganglion of the mother,

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the disturbance may be transmitted to the foetus through the corresponding ganglion of the foetus; hence we account for the specific location and character of what are termed "mother marks" upon the child.

The woman who put her hand unexpectedly upon the head of the negro, received a shock and fright through the sense of touch; the result on her offspring was, its hair had the characteristic feel and curl of the negro. The effect upon the foetus did not extend beyond that made upon the mother's mind.

The woman who saw the blood running down the man"s face received a fright through the sense of sight, conveyed an impression to her child in utero, which was manifest by the color of blood on a circumscribed spot very nearly corresponding in location to that upon which she saw the blood upon the wounded man.

A pregnant woman suddenly sees the stump of an amputated arm, and gives birth to a child deficient in one arm, but otherwise physically perfect.

Or instead of the shock coming from something specific and local, if it come in the form of a general alarm which disturbs the whole economy of her being, the effect upon the foetus may be as general, producing either idiocy or death.

Peculiar prevailing states of mind during the gestative period are often transmitted as hereditary idiosyncrasies, such as peculiar appetencies. The results of these impressions or states of mind differ from the physical ones under consideration.

I know a person who never eats beefsteak, but is fond of roast beef. His mother accounts for his peculiarity from the fact that, while she was pregnant, she had an utter abhorrence to beefsteak, could not tolerate the sight of it, while she could eat roast beef.

As a rule, however, the hereditary transmissions are the permanent parental characteristics, and are found doubtless in the male and female germ, since the maternal do not necessarily predominate over the paternal.

Maternal mental influence upon offspring exerts itself, then, through the ganglionic system, both during gestation and nursing, and when manifest acts as a distributor of harmonious function of the sympathic system over the life functions of the involuntary organs of the body.

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THE DIAGNOSTIC VALUE OF THE CYSTOSCOPE

By G. SHEARMAN PETERKIN, M. D.
Seattle, Wash.

Read by request before the Idaho State Medical Association, at Boise, October, 1907

Mr. President and Gentlemen—

In a letter from your Honorable Secretary, I find these words: "Dear Doctor: I would suggest that you give us something practical rather than too scientific, along your special line of work. I believe the average physician would appreciate such a paper more, and the discussion would be greater, than on a purely scientific subject." Interpreted, the sentiment underlying this well-worded request is the Push of the West, "Give us something to do something with," and I was not wholly heedless of this sentiment when I chose the title, "The Diagnostic Value of the Cystoscope."

It is a new field of reearch the Cystoscope has opened; therefore, its full value is not yet recognized. There are theories along which cystoscopic research is being pursued and there are facts of practical working value that have been developed from these theories. In the theories, the specialist finds his pleasure and aids progress; in the facts, the general practitioner, his livelihood and reputation, which is obtained from his patients, the laity, who recognize only utility. Though the scientist aids progress, the rate of progress in medicine depends upon the general practitioner; that is, upon his ability to separate theory from fact. If he does not separate the two, he often applies theory to obtain practical results, and fails; then condemns, as inefficient, the means employed, thereby retards progress. If he employs facts, he succeeds, and advocates the means employed, thus aids progress.

The object of this paper will be to separate facts from theories as regards the Cystoscope so, as general practitioner, you may have a practical and comprehensive knowledge of when this instrument should be employed, and may recognize its efficient use when employed by others for you. To accomplish this object and do the subject justice would require a review of the whole subject of Cystoscopy; its history; the mechanism of construction; the technic of its employment as a diagnostic and therapeutic instrument, and the conditions under which it is of value as such. An impossibility in a short address. Therefore, there will be many omissions, not only of information that will answer many questions whch may arise in your minds, but also of important and well-known facts that must, for the above reason, be excused.

For brevity, the mechanism of construction will be omitted, and the history would also, but it is of interest to know the original workers

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in a field of research, the men to whom, as in this case, humanity owes so much, and it is not without recognizing the honor due others that I mention but two. He who attempted to construct the first Cystoscope and examine the urinary bladder in a living subject, Bozzine of Frankfurt-am-main, 1807, and Max Nitze, the first to render the Cystoscope efficient and practical, 1880.

Essential to the understanding of the subject before us, is the full significance of the word Cystoscopy. If I am not mistaken, and I do not think I am, the conception held by the profession in general is that Cystoscopy consists in sticking the Cystoscope into the bladder and then pushing the catheters into the ureters, if possible, a difficult procedure and one in which the danger incurred does not compensate for the advantage obtained. Listen: "The employment of the Cystoscope is indeed only too often like that of the skiagraph at the present day—much abused and of value chiefly as confirming diagnoses already made." And this from a book, page 101, entitled, "Enlarged Prostate; Diagnosis and Treatment," by John B. Dever. Date, 1906. Such a conception, gentlemen, is absolutely erroneous.

What is the value of the Cystoscope? As a diagnostic instrument, is the fact that:

1. A positive diagnosis of all conditions of the bladder can be obtained, and the cause of the subjective symptoms be recognized, be they calculi, tumors, foreign bodies, malformations, ulcerated areas, or an inflammation, localized or general. For example, Case 1, referred by Dr. K. Turner. Mr. H., age 42; in another state, five years ago, operation. Suprapubic cystotomy, followed by perineal drainage to close suprapubic wound. Diagnosis, calculus. Patient did not see same, but states friend did, and that it was blue and triangular. Patient first seen, 1906, five years later. Urination imperative every few minutes; urine, ammoniacal, thick, almost white, due to excessive amount of pus. Diagnosis, stricture and stone in membranous urethra. Operation; stricture cut; calculus removed; counter irritation and perineal drainage advised; because of financial condition, refused at the time. Recovery from operation. Cystoscopic inspection revealed papilloma covering base, one and one-half inches right side and whole of left side, almost to fundus. There were two papillae, with rounded ends, size of pigeon egg. Size of tumor now contra-indicates operation, unless palliative. Conclusion: Unquestionably, from history and size of tumor, here is a mistake in diagnosis that could have been avoided by Cystoscopy. Again, it brings out an exceedingly important fact, that the Cystoscope presents a means of early diagnosis in tumors of the bladder.

2. The functional and relative activity of each kidney can be obtained and the presence of pathologic conditions in them or the ureters noted, through observing the ureteric openings; their size, shape, color, rate, force and character of eflux; and through catherization. The value of such knowledge in all surgical operations on the upper urinary tract is apparent and well illustrated in Case 2, referred by Dr. J. B. Eagleson.

Mr. C., age 28. From age of sixteen, Monoplagia of left leg; lum-

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bar pain on right side; urine very foul, opaque, filled with bacilli-colli-communi. Venereal disease denied. Examination of external genitals showed a congenital phimosis; foreskin never retracted; severe balanitis, undoubtedly the original focus of infection. Circumcision. Cystoscopy; chronic, villis Cystitis. Catherization of left kidney. Hydronephrosis, due to displacement, by the deformity, for the ureteral opening was in the center of the bladder; no Pyonephrosis. Left ureteral opening absent. Pronounced symptoms of chronic indigestion; though probably due to the Hydronephrosis, chronic appendicitis was considered. Perineal drainage for irrigation advised and, at the same time, exploratory incision to ascertain condition of appendix. Operation eight months later; Pyonephrosis now existed; appendix, normal; palpation showed right kidney much enlarged; congenital left kidney. Conclusion: Cystoscopy permitted giving a positive prognosis that could not otherwise have been obtained, and pointed out the only form of treatment that could be instituted with hope of success—irrigation of the infected kidney—and prevented what would have been a grave surgical error—an operation on his only functionating kidney.

3. By negative findings of Cystoscopy, positive diagnoses of organs external to the urinary tract can be made. Especially is this true of the right side, where disease of the gall bladder, pyloris, liver, coecum or appendix may simulate that of the kidneys or vice versa. Illustration, Case 3. Mr. S., aged 36. Operation five years ago for appendicitis, by Dr. C. No relief. Present diagnosis, infection of the right kidney. Consultation by Dr. H. to ascertain functional activity of left kidney. Cystoscopy. Two strictures, large caliber, in the bulbus urethra; trabecular bladder; subacute Cystitis. Catheterization of ureters showed left, normal; right, pus in urine. Diagnosis, primary focus of infection, the urethra; bladder and kidney, secondary. Advised dilation of strictures and irrigation of the bladder. Nephrotomy was performed; Peri-nephritis alone found. Kidney wound closed at operation; dilation and irrigation of the bladder, as advised; symptoms subsided and patient's recovery reported. Conclusion. Early Cystoscopy; a correct diagnosis; no appendectomy and secondary complications of kidney could doubtless have been prevented. As it was, Cystoscopy gave key to correct treatment.

4. By positive findings and observing the size and shape of the bladder, etc., diagnoses as to the conditions of the neighboring organs, especially in women, can be confirmed and information may be obtained as to whether the pathologic conditions of the urinary tract are primary or secondary to such disease. If such be the case, operative procedures upon these organs can be conducted with view of relieving the pathologic conditions of both the sexual and urinary organs. Otherwise, such operations may not be successful, in the sense that they do not relieve all symptoms.

Case 4 illustrates this. Mrs. M., age 34. Obscure abdominal pain, more especially in left lumbar region, and indigestion. February, 1907, exploratory incision; appendix removed; fixation of stomach performed; no relief. Four months later, on the independent diagnosis of another surgeon, both tubes and ovaries removed. August 22nd,

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patient came to office complaining of original symptoms. Cystoscopy showed a mild grade of chronic cystitis; displacement of left ureteral opening; also left side of bladder wall, downward and backward. Catheterization of left ureter caused symptoms originally complained of. Pus in catheterized urine; no casts. Diagnosis of Pyonephrosis, right kidney normal. Diagnosis as to cause Pyonephrosis, constriction of left ureter, due to the displacement of same by peritonitic adhesions. Conclusion: Cystoscopy would have demonstrated condition of ureter and, at last operation, had operative procedure been conducted so as to free same, operation would have been successful. Personally, I believe Cystoscopy and ureteral catherization should be performed before all operations on the female sexual organs that give a history of severe peritonitis, and there would then be more successful operations from the patients' point of view.

As to the therapeutic value of the Cystoscope, it will be mentioned later, in conjunction with ureteral catheterization. Sufficient evidence, I believe, has been given, though much more could be presented, to demonstrate that the Cystoscope is an efficient diagnostic instrument. That the Cystoscope is difficult to employ, in the sense that general anesthesia has to be employed, is a fallacy. Its employment I would consider a mark of inefficiency. That the Cystoscope is dangerous is also untrue, provided gentleness be employed and asepsis maintained.

But why the opinion of Cystoscopy mentioned? The explanation is easily forthcoming. The fact is not recognized that scientific Cystoscopy requires almost as constant application, intelligent observation, clear interpretation and exact reasoning as does the microscope, with which instrument it may be compared, for only a small area can be viewed at a time and, similarly, it is an instrument of observation, the main difference between the two being in extent of application and technic, for with the Cystoscope, observation must be carried on: (1) through a lens with a fixed magnifying power; (2), by means of a light that is artificial—electric; (3), through an artificial medium—water; and, (4), examination must be conducted in an exceedingly mobile, musculo-membranous pouch, susceptible to every variation in the quantity of the medium employed. Therefore, one must learn, as with the microscope, by experience, the varying magnifying power that distension gives the lenses, the means of keeping the artificial medium, water, clear; and the modifying effect of blood, air, mucous, pus, etc., upon the same; the amount of medium to produce normal distension of the bladder; recognition of the conditions that result from insufficient or over-distension. In addition, observation must be carried on with strict regard for surgical cleanliness. Thus the technic of asepsis complicates its employment.

It must be self-evident that such knowledge cannot be mastered in a fortnight. Moreover, there is a personal equation, a keen sense of color being required and a knowledge of how light, the medium, and distension affects the same; for sometimes it is the color alone of a pathologic condition that gives us the key to the correct diagnosis, and too little or too much medium, by pressure on the blood vessels or affected area, will greatly modify the character. A knowledge of the

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shape, size and configuration of the normal bladder, the effects of distension on it, and pathologic conditions, should be possessed. This is also true of the color and surface markings of the lining membrane for, when relaxed, congested, extravasated and infiltrated, it may be mistaken for tumors and other abnormalities. Moreover, a thorough knowledge of the shape, size and color of the normal ureteral openings must be learned by experience and borne in mind, for there are pathologic conditions in kidneys and ureters that cause characteristic changes in the ureteral openings from which, in conjunction with the force, frequency and character of eflux from them, a diagnosis may be made.

The foregoing is but the primary step in the subject of Cystoscopy, when compared with the amount of pathologic detail that must be mastered, if differential and exact diagnoses are to be made. The pitfalls encountered in mastering the technic have not been mentioned, nor has anything been said of such aids to ureteral catheterization as the phloridzin, methylene blue tests, the Cryoscope, etc., a knowledge of which is essential to practical Cystoscopy.

No doubt, the subject of Cystoscopy, as presented, may seem to many of you an attempt to direct all work that comes within the province of the Cystoscope into the hand of the specialist or urologist. Gentlemen, scientific Cystoscopy, Cystoscopy that requires refinement in diagnoses, belongs there. You acknowledge this of the microscope. It is also true of the Cystoscope. Every one of you uses the microscope daily to diagnose gonococci, find casts in the urine, etc., but how many of you go beyond this step and diagnose stains, mount specimens, make cultures, etc.? You admit that it is not within your province because of lack of time and facilities. Cystoscopy is identical. Everyone of you can learn to recognize a normal bladder and diagnose stone. foreign bodies, etc.; beyond that, you cannot, as a general practitioner, go; your time and facilities will not permit. It is this, the relationship between a special branch of medicine and the individual I wish recognized, and that the ability to use the Cystoscope is limited, because of the extent and magnitude of the subject, unless you go into the subject deeply. Realizing this, you will not then condemn the instrument, on an insufficient trial, as many have done, because of ignorance and inefficiency. Gentlemen, I feel strongly on this subject; feel that much more could be done for our patients and our profession, if the value of the Cystoscope were recognized and the instrument employed by the general practitioner.

Briefly, time permitting, let me speak one or two words concerning ureteral catheterization and I shall desist. Classify the indications for their use under two headings, diagnosis and treatment; this will be of practical value to you, inasmuch as it will aid you in knowing when ureteral catheterization will be beneficial in elucidating an obscure case or making a positive diagnosis.

"Diagnosis—A. To locate the origin of pus, blood, tubercular products or bacilli, the various pyogenic infections, abnormally desquamated epithelium, etc., as to whether they come from (1) the bladder, (2) the right ureter, (3) the left ureter, (4) the right kid-

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ney, (5) the left kidney, (6) the right or the left perineal space, and communicating with the corresponding kidney or ureter.

"B. To recognize and locate obstructive conditions in the right or left ureter from (1) stricture, (2) stone, (3) adjacent tumors, (4) bend or kink in the ureter from movable or dislocated kidney, (5) valvular junction of ureter and its pelvis.

"C. To determine (1) the presence of two kidneys, (2) if only one, which is absent.

"D. To determine the number of ureters present.

"E. To determine the functional activity of each kidney separately and relatively, with respect to its excretion of urea, albumin, quantity of urine, the specific gravity, etc.

"F. To determine the size and capacity of each kidney pelvis with respect to (1) Hydronephrosis, (2) Pyonephrosis, (3) total obliteration of kidney secreting tissue.

"G. If there be kidney disease present, to determine (1) if only one kidney is affected or both; (2) if only one, which is the affected one; (3) if both, which is the one more affected; (4) if removal of the worse one be advisable, is the other one able to carry on kidney function sufficiently? (5) if removal of one be advisable, and the other is capable of supporting life, will the operation remove the infection from the body, removing the possibility of dissemination or recontamination?

"Treatment—A. To enlarge narrowings or stricture at (1) the ureter openings, or (2) in the channel of the ureters. By facilitating drainage through the increased ureter caliber, thus obtained, to assist in the improvement of Pyelitis or Pyonephrosis, unilateral or bilateral.

"B. To irrigate and medicate (1) the ureters, (2) the kidney pelvis of one or both sides.

"C. To assist, by anesthetizing and enlarging the ureter opening, the passage through it of a calculus or a plug of pus, blood, etc.

"D. To use the ureter after it is catheterized, as a guide in certain abdominal and pelvic operations.

"E. By prolonged catheterization of a ureter to assist in the cure of a ureteral fistula."

The classification given here is not my own, but is the best and most concise I have seen, that of a pioneer and most able advocate of the Cystoscope, Dr. Bransford Lewis, of St. Louis.

If the above results can be accomplished through ureteral catheterization, and they can, will you gainsay that it has a valuable place in practical medicine?

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PRESIDENT'S ADDRESS

By J. C. WOODWARD, M. D.
Payette, Idaho

Read before the South Idaho District Medical Society, July 9, 1907

Gentlemen of the South Idaho District Medical Society:

It is with pleasure that I greet you upon this occasion, and in this capacity. It has long been the custom of those who have been selected to preside over such assemblies as this, upon assuming incumbency, to outline, if may be, some of the plans and purposes, and hopes, perhaps, of the succeeding term. I think it well to follow this habit, and to mark out that which I should consider a wise and commendable policy. A Biblical quotation occurs to me:

"Behold how good and pleasant it is for brethren to dwell together in unity.

"2. It is like the precious ointment upon the head, that ran down upon the beard, even Aaron's beard: that went down to the skirts of his garments;

"3. As the dew of Hermon, and as the dew that descended upon the mountains of Zion; for there the Lord commanded the blessing, even life for evermore." Psalm 133.

So let unity, concord and good will be the guiding principles of this meeting, and of this organization, and we shall do well. "Governments," it has been stated, "are instituted among men for the good of the governed." Associations such as this should operate for a similar result. We are governed only by agreement, but that agreement should have binding force, and it should be possible to forget individual differences in the desire to subserve the good of the many. This society may so conduct its deliberations and actions as to be without value to its members, or it may so act as to be a power, feared by the wrong-doer and respected by all, because of the things which it has already done, and the results which it bids fair to secure in the future.

No one, today, may ignore or despise the power of co-operation. Second to co-operation comes organization, and succeeding this, administration. This is the order observed in harnessing great natural forces, such as electricity, water, gravity, etc. We should, therefore, have in the conduct of this society (1) co-operation; (2), organization; (3), directed co-operation or management. This sequence is necessary to secure results and results are what we are after. All growth is from within or without. May we grow in both directions.

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INCREASE OF MEMBERSHIP.

Under co-operation, therefore, let it be the duty of each and every member of this society to constitute himself a committee of one to augment our number. In this way he may both benefit himself and assist his brother practitioner. No reputable, legally licensed physician within the jurisdiction should be allowed to escape. We now comprise the number of ten counties, namely, Ada, Blaine, Boise, Canyon, Cassia, Elmore, Lincoln, Owyhee, Twin Falls and Washington. Every practitioner should be enrolled and should be active in this society. That would spell co-operation. It would insure power. May we **not** see the consummation of such an end by your good favor?

PARTICIPATION IN PROGRAM.

It is also important, and to be desired, that each member shall take part in the program. This may require time and preparation, but therein lies the advantage. Is it true that some of the school spirit of study and investigation has been lost during the years of toil and hardship incident to an exhausting practice, then you may be rejuvenated and refreshed and the love of study and investigation be kindled anew by such participation. Your fellow workers need the recital of your experiences, your troubles and your successes. The portrayal of ordinary things, used and employed by you, such as apparatus, methods, helps, devices, case reports, etc., are helpful quite as much as the exact technic of great operations which many of us may never do, however great their importance in specific cases, are applicable to but a very small per cent of the entire number of cases seeking relief at the hands of the physician.

REGULATION OF AFFAIRS, INTERNAL AND EXTERNAL.

Under the head of internal affairs, at intervals, fee schedules might be discussed, or advised, or readjusted. Intimately connected with this is the insurance examination fee question. It is disheartening to find the medical profession so divided upon questions of such vital import. We should get together and stay together. Any labor organization may teach us lessons in regard to the ability to hold fast. Where, then, is our vaunted professional spirit, supposed to be a delicate and fitting attribute of a learned calling?

Programs may be so arranged as to be scientific treats. Men of eminent attainment may be secured to elucidate new or difficult subjects, or those but little understood. A short vacation may be combined with a season of mental uplift. Likewise it is an advantage to meet, to greet, and to know others of a similar calling in our own great territory.

ATTENDANCE AT MEETINGS.

A concerted action should be taken to secure a large attendance at all meetings. Come yourself and bring all the others in your town. Nothing is more productive of enthusiasm than large numbers. Take part in the program and get out and push for the good of the society. You will feel better for having warmed up. It is good policy to put every man to work. Interest is then awakened and something is done.

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Let every man have a place in the machine and let him endeavor to fill it acceptably.

RELATION OF THE SOCIETY TO PUBLIC AFFAIRS.

I am of the opinion that this society, and the profession at large, has, heretofore, given too little attention to its relation to the public. The necessity and the desirability of an amicable understanding between the two bodies has existed and still remains. Engrossed in the consideration of scientific matters, individual amenities, and personal courtesies, the profession has come to consider itself a thing apart from the people. This attitude is, in my judgment, entirely wrong, and it should be sharply revised. The general dissemination of intelligence has broken down the barrier formerly hedging about the learned vocations. There now exists between patient and physician no such distinction of culture as did formerly. It is true, however, that there is a dissimilitude and specialization of knowledge accruing to each. Religious systems, and schemes of healing, varied and numerous, stretch forth to the public imploring hands for recognition, help and patronage. Appeals adroitly framed and cleverly worded are forced upon the individual in support of the claims of these shrewd impostors. No avenue of publicity is scorned, nor does any fail of use in their method of promulgation. The universal dislike of nauseous drugs, and the widespread fear of the knife, are employed to discredit the user. A common interest holds these charlatans together. Meanwhile the profession, supposedly secure in its ancient dignity, the wealth of tradition, and the result of scientific achievement, sits careless, motionless and apart, and underrates or disdains its enemies. The public, vacillating, uncertain and changeable, swayed by religious prejudice, ignorance, or simple solicitation, falls prey to the schemer who offers so easy and pleasant a solution of the difficulty at hand.

A part, at least, of this condition of affairs may be remedied by a correct and modern appreciation of the relation of society and individual to the laity. This body, as such, and its constituent members per se, should not fail to enter the lists in opposition to quacks, nostrums, patent medicines, criminal practitioners, the selling of habit-forming drugs, or any other medical evil that needs redress. Quacks, if possible, should be shown in their true light, which is usually that of a shrewd confidence man, well-versed in human nature, and ignorant of medicine and medical science, playing upon the hopes and fears of the desperately ill. The profession itself is largely responsible for nostrums and patent medicines. No physician should ever prescribe for a patient a medicine the composition of which he himself does not know. Once started, alcohol (or more deadly drug), advertising, and the desire to avoid doctor's bills, will keep it going. The nostrum supplies a way for Deacon Sick and the Rev. Mr. Weakly to obtain a much-craved supply of alcohol, much to the financial benefit of the maker.

The hand of every honest man should be against the criminal abortionist, and he should be driven from society in general and into prison if possible. No one who prescribes for another should be a

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habitual user of morphine, cocaine, or other deadly drug, nor should such an one be guilty of the making of a drug fiend.

A serious and concerted attempt should be made to thwart and to destroy the unreasoning and unjust prejudice which religious delusion and skillful partisans are fomenting and encouraging against medicine, medical men, and things remedial. Debate within the society is good, but discussion and action without are better, and now is the accepted time. Truth will prevail in the end, but it will do no harm to help it along. Irregulars say that we are "too slow." I must admit that the diagnosis fits the case.

I would urge the establishment of more friendly and intimate relations between the laity and the society. I think that papers of members relating to the public health, hygiene, sanitation, destruction of insect pests known to be carriers of disease, such as flies, mosquitoes, ticks, bed bugs, etc., after having been censored, be published in the lay press, without the name of the author, and by the authority of the society. Pamphlets from the State Board of Health in relation to the causation, transmission, and quarantining of infectious diseases should be placed in the hands of the head of every family. Rudimentary instruction upon these subjects might wisely be given by the teachers of the public schools.

Knowledge of the fact that medical science is not destructive to religious belief should be widely disseminated. Indeed, the best textbook of medical lore today, as may be proven by knowledge and use of its mighty precepts, is the Bible. We do not practice "Christian Science," so-called, we do practice Christian sense.

It should be made so plain that even a wayfaring man may know that massage, manipulation of the body, the use of cold, heat, exercise, rest, electricity, thermal agents, balneology, hypnotism, as well as drugs and knives are but parts of a well ordered whole. Pretenders of all sorts and kinds seize upon one or more of these agents and proclaim it or them wonderful "cure alls," without any knowledge or desire for knowledge of the others. To themselves adherents are drawn and these attract others. The evil is subtle and cleverly concealed, and the doctrine is promulgated with the skill of Mephistopheles himself. Love of money is the root of it all. Most men are not gifted with discriminating judgment, indeed very few are. What wonder, then, that the simple are deluded?

Doctors should not tamely bear the epithets "drug doser," "butcher," etc. Nothing is more scientific than the use of drugs properly employed, and nothing more successful than the knife skillfully applied, but these agents, good as they are, are not all that we may advance.

A physician or surgeon is primarily valuable to his patient by reason of the advice and service he may render, which same is based upon long experience and profound learning, resulting in broad, deep, wide capability for judgment and action.

RELATION OF THE SOCIETY TO STATE BOARDS AND ORGANIZATIONS.

The State Board of Medical Examiners.—This board consists of six members, who are appointed by the Governor of the State, a

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"majority of whom shall never be appointed from, nor represent, any one school of medicine, and not less than three schools of medicine shall be at all times represented upon said board."

House Bill No. 59 of the last Legislature (1907) created a Board of Osteopathy, and legalized the practice of Osteopathy in the following language:

Sec. 1. House Bill No. 59, p. 128, Session Laws 1907. "Within thirty days after this act goes into effect, the Governor shall appoint five persons who are reputable practitioners of osteopathy, selected from a number of not less than fifteen who are recommended by the State Osteopathic Association; the recommendation of the president and secretary being sufficient proof of the appointee's standing in the profession; and said appointees shall constitute the first Board of Osteopathic Examination and Registration. Their term of office shall be so designated by the Governor that the term of one member shall expire each year. Thereafter in each year the Governor shall, in like manner, appoint one person to fill the vacancy thus created in the board at that time from a number of not less than five who are recommended by the State Osteopathic Association; the term of said appointee to be for the term of five years. A vacancy occurring from any cause shall be filled by the Governor for the unexpired term in the same manner as last above stated."

We thus see that the osteopaths of Idaho have the power to appoint their own board, and that the Governor even in the event of a vacancy may not fill the same save by a person recommended by the State Osteopathic Association. In this manner the association is rceognized by law and the osteopaths are made to govern and regulate themselves. On the contrary, the honorable medical profession of the State of Idaho has no voice whatever in the selection of its examiners. The Governor is the sole judge of the fitness of his appointees, who shall be "graduates" and "learned and skilled in the theory and practice of medicine and surgery." The osteopaths, gentlemen, have outwitted and outgeneraled us. It is to be regretted that they are to be legalized at all, but it is deplorable to know that they receive more of recognition before the law than does the regular profession. All this is due to the apathy and indifference of the physicians of the state who, save a valiant few in the city of Boise, interposed no objection to the passage of this law. When shall we awake to the responsibility of our public and civic duties? On the whole there is no better citizen in the community than the physician, nor one more responsible, yet his rights and privileges are ordinarily cared for by a representative who is imbued with prejudice against, or hatred for the profession, and all that for which it stands. A united, vigorous and determined sentiment might change all this and cause us to be a power in the land. Personally, I believe the guild "is not dead but sleepeth." The state society might, in its wisdom, and with a knowledge of men and things, select men of known ability for positions on the various state boards, and request their appointment by the Governor as vacancies might occur.

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STATE BOARD OF OPTOMETRY.

A State Board of Optometry was created this year. The law provides for a board of five to be appointed by the Governor. While this bill is not so objectionable as the one just mentioned, it was not needed and is useless. A function of the regular is allotted to the charlatan.

STATE BOARD OF HEALTH.

The last legislature created a State Board of Health. It is composed of two "legally licensed and experienced physicians of different parts of the State," together with the State Engineer and the Attorney General (who shall be ex-officio members) and these four elect a fifth, a physician, who shall be secretary and executive officer of the board. Without comment upon the formation of this board it may be noted that it may be made wholly political, whereas, it should be, if possible, purely scientific. The law itself, however, is far in advance of anything that we have hitherto had in Idaho, and it should receive our support.

IDAHO STATE MEDICAL SOCIETY.

The South Idaho District Medical Society is constituted an integral part of the Idaho State Medical Society. As such its President is an ex-offico member of the Council of the State Society and it is allotted one Fellow to act on the Committee on Nominations of the State Society, and one Fellow for every five members to represent the society upon the governing board of the State Society. These offices should be filled. The incumbents should act to the end that the power and influence of this society should be real. Alliances with other societies in contiguous territory without the state might be formed and occasional joint meetings be held with profit. Each individual should remember that he in his proper person is a legal guardian of the medical interests of the state and he should exercise the trust imposed. The right of suffrage is our dearest and best political heritage. Why not use it in things medical? Individually, these questions concern us as much as any other problem.

SUMMARY.

Medical men should co-operate.

Organization should follow co-operation and management succeed all.

Membership in the society should be increased until every physician in the included territory is enrolled.

Every member should participate in the work of the society.

Large attendance at meetings should be encouraged.

Warfare should be waged upon quacks, -criminal practitioners, nostrums, etc.

Proper dissemination of medical knowledge should be had in lay papers.

Public and private medical and political rights and privileges should not be forgotten.

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Medical Societies

Portland City and County Medical Society.

On November 6 the City and County Medical Society met in the Commercial Club, and was called to order by President Hamilton.

Minutes of previous meeting were read and approved.

Members present: Drs. J. F. Bell, O. F. Botkin, R. C. Coffey, J. S. Courtney, F. H. Dammasch, R. H. Ellis, Marie D. Equi, Theo. Fessler, J. P. Goray, J. A. Gilbert, W. B. Holden, W. F. Hubbard, Wm. House, L. W. Hyde, C. S. Hosmer, L. H. Hamilton, N. W. Jones, A. E. Mackey, Harry McKay, Katherine Manion, M. B. Marcellus, R. J. Marsh, Pohl, O. P. S. Plummer, Payne, E. A. Pierce, J. B. Roth, A. E. Rockey, S. H. Sheldon, W. V. Spencer, A. W. Smith, J. D. Sternberg, F. M. Taylor, G. T. Trommald, E. F. Tucker, A. Tilzer, Glen Wheeler, W. G. Woodruff, O. B. Wight, G. S. Whiteside, R. C. Yenney.

Visitors: Drs. Madden, L. J. Wolfe.

Proposals for Membership.

Dr. Clayton S. Seaman, Graduate University of Oregon April, 1897. Recommended by Dr. K. A. J. Mackenzie and C. S. Hosmer.

Election of Members.

Drs. George J. Potts, H. G. Parker, C. G. Hall, D. C. Webster elected to membership by unanimous vote.

Reading and Discussion of Paper.

The paper of the evening was read by Dr. Robert C. Yenney, viz: "Symposium on Diabetes Mellitus." This is found to be a disease intimately connected with general metabolism. Dextrose is found to be present normally to the extent of 1 per cent to 1.5 per cent in the blood, and when this amount is increased it is either stored up in the muscles and liver as glycogen, or passed off through the kidneys and reappearing as sugar in the urine.

Causes of this disease are given as injuries to the brain, especially to the floor of fourth ventricle. Diseases of the liver, toxic substances, pancreatic diseases, and obstruction of the duct. Treatment was fully discussed by Dr. Jas. F. Bell. Discussion opened by Dr. M. B. Marcellus. General discussion, Drs. Plummer, House, Cottel.

Miscellaneous Business.

Dr. Coffey said he would be unable to finish his paper at the next meeting within the limited time.

Dr. House moved, seconded by Dr. Roth, that the time limit in this case be extended. Carried.

Dr. Harry McKay said that the Dental Association had appointed a committee to meet with the committee of this society upon the telephone situation, and requested that their report be deferred until the next meeting. Carried.

Dr. Cottel said he had an ordinance before the city council which called for a regulation of the practice of medicine, as well as all professions in this city, all credentials to be displayed and inspection to be placed under police jurisdiction. He desired that each member of this society would speak to the councilman of his ward, and request his support upon this measure.

Dr. Pohl called the attention of the members present to the liability of this city sooner or later becoming infected with bubonic plague; said two rats had been examined that day by Dr. Matson, which were very suspicious of this disease.

Dr. Coffey said in view of the new cases daily developing in San Francisco, Oakland and Seattle, that this

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society should take some action in the matter, and moved the following resolution, which was seconded and carried:

Whereas, The bubonic plague is becoming more firmly rooted in the cities of San Francisco, Oakland and Seattle; and,

Whereas, The rat is the principal host and agent for conveying this disease; and,

Whereas, There is great danger that Portland will sooner or later become infected; and,

Whereas, The expense of a campaign as carried on by the National Government in the city of San Francisco amounts to $20,000, in Oakland to $10,000, in addition to the loss of life and the loss of business; therefore be it,

Resolved, That the City and County Medical Society of Portland urges the public to consider this matter seriously, and to aid in every possible way the extermination and destruction of the rat; be it further

Resolved, That the work of the City Health Officer and the City Board of Health is to be encouraged and congratulated for the progress already made; and be it further

Resolved, That this society expresses its satisfaction and congratulations to the press for its splendid articles and editorials published in our daily papers concerning this very vital subject, and that a copy of these resolutions be sent to them for publication.

ALAN WELCH SMITH,
Secretary.

On November 20 the City and County Medical Society met in the Commercial Club, and was called to order by President Hamilton.

Minutes of previous meeting read and approved.

Members present: Drs. W. F. Amos, F. W. Brooks, Briggs, L. Buck, E. E. Cable, Mae Cardwell, E. N. Crockett, R. C. Coffey, C. T. Chamberlain, F. H. Dammasch, E. K. Dearborn, R. H. Ellis, M. D. Equi, Gertrude French, J. A. Gilbert, Kitty P. Gray, W. B. Holden, W. F. Hubbard, C. S. Hosmer, L. W. Hyde, L. H. Hamilton, Johnson, N. W. Jones, G. O. Jefferson, M. Kirkpatrick, J. C. E. King, E. J. Labbe, K. A. J. Mackenzie, Florence Manion, Harry McKay, Payne, E. H. Parker, E. A. Pierce, A. E. Rockey, J. B. Roth, S. H. Sheldon, A. W. Smith, J. D. Sternberg, Sterns, E. O. Sommers, Edna Timms, E. F. Tucker, A. Tilzer, O. B. Wight, D. O. Webster, J. R. Wetherbee, R. C. Yenney.

Visitors: Drs. Bettman, McNeer, Nelson, L. E. Story, Ziegler.

Proposals for Membership.

Dr. L. E. Story, graduate Georgetown University, May 21, 1901. Recommended by Drs. Robert H. Ellis, Alan Welch Smith.

Reading and Discussion of Paper.

The paper of the evening was read by Dr. R. C. Coffey, viz: The principles underlying the successful treatment of Retrodisplacements of the Uterus.

The aim of the paper was to show that all the methods and procedure that had been successful had been based upon the vital principle. The first part was devoted to demonstrating the method by which the various organs of the peritoneal cavity were suspended in the development of the embryo, using enlarged reproductions from Huntington, Sobotta, and others to show how in the development of the alimentary canal the various portions by rotation had formed the ligaments of the various organs. Operations of various authorities were commented upon and freely discussed. The speaker then called attention to an operation which he

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had done with great satisfaction in two hundred patients, in which the anterior fold of the broad ligament was plicated into the anterior surface at the lateral borders by three tiers of sutures one ither side. In all operations done by this technique, there have been no failures reported, but in attempting to abbreviate the operation by using a continuous suture of plain catgut, he had found three. He reports having seen two cases thus operated upon, while operating for other causes, both being very satisfactory, the round ligaments having released themselves and gained their normal size and position. He said that the chief objection to most of the successful operations, was that they crippled the round ligament to a certain extent by holding it with permanent non-absorbable sutures, and while they were successful, many of the causes gave pain afterwards, due to fixing of a normally movable and active tissue. The anatomically ideal operation should shorten the anterior fold of the broad ligament without permanently fastening the round.

Discussion was opened by Dr. Labbe, assisted by Dr. Rockey, by request. It was further discussed by Drs. Tucker, Sternberg and Holden.

Second paper was read by Dr. Robert H. Ellis, viz: "Remarks on the use of Obstetrical Forceps." Thorough knowledge of the mechanism of labor is essential to the use of instruments. Puerperal septicemia means faulty technique, over 2500 cases reported confined in a Boston Hospital without a single case of sepsis.

Discussion opened by Dr. Timms. General discussion, Dr. Amos.

Cases in practice related by members. Dr. Sommers exhibited a girl 14 years of age, who, in August, 1907, struck her tibia against some hard surface. October she called her mother's attention to a strange swelling at the point of injury below the knee. No temperature, with slight loss of weight.

Dr. Mackenzie spoke of the importance of early diagnosis in these causes, diagnosing this as sarcoma.

Dr. Roth exhibited a case of lateral displacement of heart. Peculiar formation of chest wall. History of tuberculosis, negative.

Miscellaneous Business.

Dr. Stearns exhibited a metal splint for treatment of fractures of arm or forearm. Dr. Rockey, commenting upon its usefulness, said he had used it in several cases with good results.

Dr. Harry McKay reported progress in investigation of telephone service, and said final report will be ready for next meeting.

ALAN WELCH SMITH,
Secretary.

The Portland City and County Medical Society met December 4th, and was called to order by President Hamilton, in the rooms of the Commercial Club.

Minutes of previous meeting read and approved.

Members present: Drs. J. F. Bell, Mae Cardwell, R. C. Coffey, R. H. Ellis, Theo. Fessler, Hicks Fenton, J. A. Gilbert, Wm. House, Johnson, N. W. Jones, J. C. E. King, K. A. J. Mackenzie, Katherine Manion, M. B. Marcellus, W. D. McNary, E. A. Pierce, J. B. Roth, S. H. Sheldon, A. C. Smith, A. W. Smith, Stearns, E. F. Tucker, A. Tilzer, G. T. Trommald, O. B. Wight, W. T. Williamson.

Election of Members.

Dr. L. E. Story, 329 Thirteenth street, elected by unanimous vote.

Exhibition of Pathological Specimens.

Dr. R. C. Coffey exhibited several of carcinoma of stomach, upon which he had previously operated. This exhibition seemed specially fitting upon this occasion.

Reading and Discussion of Papers.

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The first of these papers was read by Dr. K. A. J. Mackenzie, viz: "Surgical Equation in Gastric and Duodenal Ulcer."

Gastric ulcer, acute in character, running a quick course. External examination will tax the best diagnostician in positively locating its presence. Usually found in the anemic young and poorly nourished. Ninety per cent of these cases, if properly cared for, will recover. Four cases of duodenal ulcer were reported, which are quite as common as ulcer of the stomach. May be either single or multiple.

Chronic ulcer. Usually found in old people, and easily diagnosed. Perforation calls for operation, symptoms being cold, clammy sweat, pain, practically no shock, with little effect upon pulse. Four forms of hemorrhage are mentioned. Slight, casually or intermittent, violent or vicious, deadly. Surgery can be eliminated in the first and second form, which usually respond to prompt treatment. All forms of third demand operation. Chronic indurated ulcers should be exposed to a certain degree of medicine before being operated upon. If ulcer be single, catch up bleeding points with as little disturbance of tissue as possible, but if multiple, do radical operation.

Discussion opened by Dr. Sommers. General discussion, Drs. Cardwell and Coffey.

Second paper was read by Dr. J. Allen Gilbert, viz: "Psychotherapy." He said that Psychotherapy lends itself for discussion under three heads: First, What is the nature of psychic phenomena which makes Psychotherapy possible? Second, What is the scope of therapeutics? Third, What is the role of the mind in therapeutics? These and other pertinent questions were freely discussed by the author. Is mind matter, and if not what is it? Is there such entity as mind which must be taken into consideration in therapeutics? If there is any such thing as mind, so-called matter must be of such a nature that mind can act upon it, and be in turn acted upon by it, else all knowledge of matter would be impossible. Hence, he who admits that mind does exist at all, must admit that matter can be acted upon by it and vice versa. In therapeutics, anything that can directly or indirectly affect the condition of the patient is worthy of consideration. Persuasions and suggestions are being found to be of value in the treatment of disease, and are daily being applied by every physician in the treatment of his case.

Discussion opened by Dr. Marsh. General discussion, Drs. Williamson, House and Tucker.

Miscellaneous Business.

The seceretary moved that the president should appoint a House Committee of three to take charge of our new quarters now nearing completion, and furnish them in a satisfactory maanner for immediate use. Carried.

Members appointed, as chairman, Alan Welch Smith; George S. Whiteside, Otis B. Wight.

ALAN WELCH SMITH,
Secretary.

Snohomish County Medical Society.

The members of the Snohomish County Medical Society held their annual banquet December 16th, at Everett, Wash. Among the guests were visiting physicians from neighboring counties as well as local representatives of the legal profession, the clergy and the press.

Dr. Chisholm acted as toastmaster. As a prelude to this feature of the program he proposed a toast to "Roosevelt, our President."

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Dr. W. C. Cox responded to a toast to "Our Visitors," in which he welcomed the visiting members and extended a welcome to the representatives of the other professions present.

Dr. Burns, of Seattle, took the place of Dr. Read, of the King County Medical Society, and invited the members of Snohomish to visit the King county society. "The societies of the coast should hold a sort of convention every year," he said. "Much good would result from an opportunity of this kind to exchange ideas and listen to papers and take part in clinics."

Dr. Smith, of the Whatcom County Medical Society, invited the Snohomish delegation to visit Bellingham, and he promised them a royal reception while in that city.

"The Crossing of the Ways" was the toast responded to by Rev. C. H. H. Bloor, of the Trinity church rectory. He spoke on the subject of fellowship and the relation between his calling and that of the medical men.

"Things Osler does not know about a normal man of sixty" was the subject of the toast responded to by Judge W. W. Black. "I compliment you of the Snohomish County Medical Society on the happy arrangement of yours in inviting the press, the legal profession and the clergy to this function," he said. "These four professions mark the closing chapters in a man's life. First comes the doctor. Then the preacher is called to preach the funeral oration. The lawyers settle up the estate and the newspapers write up the obituary. These four callings give one a remarkable chance to get a fundamental understanding of people and human nature. But while the lawyer's field is broad the doctor's field is larger. We are only entering the field of science. The realms of medicine afford untold possibilities for research and development in all lines. You who have taken up this profession are singularly lucky in the opportunities before you."

Dr. F. R. Hedges, the newly elected president of the Snohomish County Medical Society, responded to the toast "The Coming Year." He asked the support of the members in making 1908 the most successful era in the history of the society.

Dr. West spoke on the Utopia in medicine, in which he took an imaginary flight to Mars, where he found all medical research and the practice of medicine conducted by the government. By the means of an apparatus by which the doctors could see by wire the medic in that planet is not called upon to face the rigors of a wintry night to make a call on a patient. Instead he takes a look at the patient through the "Visagraph" and gives his instructions to the nurse in attendance over the telephone. The doctors did not have to collect their bills. This was done by the government and the money turned over to the doctors. The source of disease was determined to an absolute certainty by means of an X-ray magnifying affair. But before he could investigate Martian affairs any further Dr. West's pipe went out and he was awakened by a call to make a trip through the wild night to visit a patient.

"What Can Our Members Do to Make Our Meetings More Interesting" was the toast of Dr. Lum, of Monroe. He suggested several innovations in a social way and papers and addresses on medical subjects.

To a layman the toast, "Aetiology, Pathology and Prognosis of the Clearing House Pandemic" of Dr. Manning would sound like a treatise on an obtruse medical subject if it were not for the words clearing

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house. His speech was almost entirely confined to a talk on the financial situation.

Dr. Burns, of Seattle, gave another toast on his observations during his studies and travels in Europe. He declared that while the European doctors excelled in diagnosis they lacked the technique of the Americans. The best surgeons in the world are in America and not in Europe, he declared.

Dr. Chappell, of Granite Falls, the pioneer of the society, responded to a toast, "Twenty-six Years of Practice in Snohomish County." He pressed upon the younger members the value of getting in sympathy with the needs of the people and in taking more interest in their welfare.

The Business Side of a Doctor's Life.

Our plumber who picked up his trade while hanging around an old-time tinship will not think of doing any kind of a piddling repair job on any property of ours unless he picks up five or ten dollars for a few hours work in which a negro laborer at about $1.50 a day does all of the work practically. Now, we are not growling about the charges that these people make, but we are alluding to the fact that they get good prices and collect their money cash. In other words, they do not work for charity, sentiment, nor love, and leave their bills to stand, or be cut down, or never collected. They collect ample pay for their services, get the money and enjoy it in this life instead of waiting to be rewarded in a better world. Now, as humiliating as it is to say so, the average physician does not collect from his incessant and trying work as much as five dollars a day, though he may book five thousand a year. The truth is the doctor is a poor business man. He is so taken up usually in assauging the pains both physical and mental of his unappreciative patients that he forgets to demand and collect what is justly due him when he renders the service. It is a bad habit that too many of us drop in of being indifferent about promptly collecting our bills. It encourages our patients to neglect payments and makes them feel that we do not value our services very highly, and they will place a low estimate on our value accordingly. The only men making any money in the profession are those who put aside all sentiment and make the practice of medicine a business for what there is in it. The old-time once-a-year rendering of bills, or the hope that gratitude will stimulate the payment for our services, if relied upon now, will make a pauper of any physician who is dependent upon his practice.—The Southern Clinic.

The Art of Gargling.

George Richter, of St. Louis, states that the ordinary method of gargling is far from producing a thorough method of application to the nasopharynx or of cleansing it. He recommends a method which consists in bending the head as far back as possible, so as to occlude the esophagus, the tongue being protruded as far as possible. The patient now tries to swallow the fluid taken into the mouth, and in so doing causes it to well up into the nasopharynx. By suddenly throwing the head forward and closing the mouth the liquid runs through the nostrils from the mouth. A very thorough cleansing is thus accomplished and a feeling of relief results.—Medical Record.

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Book Reviews

A Text-Book of Physiology. By Isaac Ott, A. M., M. D., Professor of Physiology in the Medico-Chirurgical College of Philadelphia. Second revised edition. Illustrated with 393 Half-tone Engravings, many in colors. Royal octavo, 815 pages. Bound in extra cloth. Price, $3.50, net. F. A. Davis Company, Publishers, 1914-16 Cherry street, Philadelphia, Pa.

The practitioner who desires to keep thoroughly abreast of the times must every now and again buy a new edition on Physiology. New light is constantly being secured and new theories are being developed and worked out. This work is certainly one of the most desirable on the market. It is authoritative, up to date, and exhaustive. The first edition was some 240 pages smaller than this. The subject of electro-physiology has been treated much more comprehensively; the article upon the sympathetic system has been nearly entirely rewritten; the chapter on vision has been entirely recast. Over 250 additional figures, many of them entirely original, have been included in this edition.

The Practitioners' Visiting List for 1908. An invaluable pocket-sized book containing memoranda and data important for every physician, and ruled blanks for recording every detail of practice. The Weekly, Monthly and 30-Patient Perpetual contain 32 pages of data and 160 pages of classified blanks. The 60-Patient Perpetual consists of 256 pages of blanks alone. Each in one wallet-shaped book, bound in flexible leather, with flap and pocket, pencil and rubber, and calendar for two years. Price by mail, postpaid, to any address, $1.25. Thumb-letter index, 25 cents extra. Descriptive circular showing the several styles sent on request. Lea Brothers & Co., Publishers, Philadelphia and New York.

Being in its twenty-second year of issue, The Practitioners' Visiting List embodies the results of long experience and study devoted to its development and perfection.

Clinical Treatises on the Symptomatology and Diagnosis of Disorders of Respiration and Circulation. By Prof. Edmund von Neusser M. D., Professor of the Second Medical Clinic, Vienna; Associate Editor Nothnagle's Practice of Medicine. Authorized English Translation. By Andrew MacFarlane, M. D. Part I. Dyspnoea and Cyanosis. New York: E. B. Treat & Co., 1907. Price, $1.50.

These lectures are the result of an almost limitless clinical material, and of a scientific acumen which does not overlook any fact, no matter how seemingly trivial and unimportant. Prof. Neusser has a rare diagnostic instinct, and a remarkable memory for clinical facts, and their co-relation to pathological findings. This series of monographs accentuates the value of the study of symptoms as observed at the bedside of the patient.

Kirke's Handbook of Physiology, Revised and Rewritten. By Chas. Wilson Greene, A. M., Ph. D.; Professor of Physiology and Pharmacology, University of Missouri, Sixth American Edition. With 507 illustrations, including many with colors. 725 pages. New York: Wm. Wood & Co. 1907.

This edition of this well known handbook comes with many emendations of the original work. The text

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has been largely rewritten throughout and many new illustrations of physiological experiments have been introduced. An entirely new feature is the introduction, at the end of the chapters, of directions for laboratory work.

Immune Sera. A Concise Exposition of Our Present Knowledge Concerning the Constitution and Mode of Action of Antitoxins, Agglutinins, Haemolysins, Bacteriolysins, Precipitins, Cytotoxins and Opsonins. By Charles Frederick Bolduan, Bacteriologist, Research Laboratory, Department of Health, City of New York. Second edition, 154 pages. Cloth, $1.50. New York: John Wiley & Sons; London: Chapman & Hall, Limited, 1907.

This book had its origin in a monograph by Prof. Wassermann, a translation of which was published by the author in 1904. While much of the material contained in that work will be found in the present volume, the original topics are discussed more fully, and the scope of the book is widened by adding chapters on snake venoms and their antisera, agglutins, opsonins and serum sickness. The work is up to date in its discussion of these various topics and the field is highly interesting to the scientific man, and one that is highly inviting for the explorer.

Modern Clinical Medicine: Diseases of the Nervous System. Edited by Archibald Church, M. D., Professor of Nervous and Mental Diseases, Northwestern University Medical Department, Chicago, Ill. An authorized translation from Die Deutsche Klinik under the general editorial supervision of Julius L. Salinger, M. D. With 195 illustrations in the text and five colored plates. New York and London: D. Appleton & Co. 1908.

The articles in this volume cover a very wide range, and doubtless to the young practitioner they will to some extent supply the place of practical experience, while they will furnish the specialist a most admirable resume and guide. The various subjects discussed and amplified, have been assigned to men of wide experience, with large opportunities for their study. These papers present these subjects in a practical manner, and with authority. Each author is left responsible for the subject matter which he presents, and the editor has not confused the reader with discussions of disputed and unessential features. Over thirty contributors have assisted in making this volume valuable, every subject chosen being related to the diseases of the nervous system. Without surveying with minute care every page of the book, one must conclude that there is little embraced in the pathology of the nervous system, that is not touched on herein, and a copious and well arranged index will enable the student to procure light on about every condition that he will find in his practice, where the nervous system is involved. The book, which contains over 1200 pages, is issued in the style that has made the Appleton press famous for many years.

The Diagnosis and Treatment of Diseases of Women. By Harry Sturgeon Crossen, M. D., with 700 illustrations. C. V. Mosby Medical Book & Pub. Co., St. Louis. 1907.

This work, devoted exclusively to the diagnosis and treatment of diseases of women, as these diseases are met with in the office and at the bedside by the general practitioner, has much of value. No space is given to etiology, pathology, major opera-

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tive technique, except as necessary to bring the work to its highest usefulness as a practical guide in the lines indicated. Much care is taken by the author to set forth clearly the kind of treatment or operation called for by the particular conditions present—the preparation of the patient for operation (where operation is called for) and the after-care necessary to restore the patient for health. The illustrations have been most carefully selected, with the one idea of making clear the points under consideration. Two hundred and twenty of the illustrations are the author's own. The book, which has 800 pages, is excellently printed and bound.

A Laboratory Guide for the Modeling of the Human Bones in Clay. By V. P. Blair, A. M., M. D., Associate Professor of Anatomy, Medical Department, Washington University. Published by the Co-Operative Association Medical Department, Washington University, St. Louis.

The value of teaching osteology in the laboratory by having each student copy each bone in clay has been recognized by a number of prominent teachers of anatomy; but in almost every instance the course was found impracticable owing to the time consumed through want of an efficient guide to direct the student in his work. Dr. Blair's little book fills this and more. It is essentially the product of the laboratory by being the outgrowth from a collection of hectographic sheets of instruction which he formally issued for each period and which had been tried and proven by repeated use. These and certain general considerations from his lectures have been compiled and published in a form that can be conveniently carried by the student to and from the laboratory.

The Sexual Instinct—Its Use and Dangers, as Affecting Heredity and Morals. By James Foster Scott, B. A., M. D. Second edition. New York: E. B. Treat & Co. 1908. Price $2.00.

The success of this work, from the publishers' standpoint, and the kind and appreciative notices it received from medical journals when first issued, are sufficient justification for the issuance of a second edition. It consists of a frank, scientific discussion of sexual life, boldly and clearly.

Lea Bros.' Physicians' Visiting List for 1908 is always a welcome little work; compact, valuable, appropriate to begin the year with.

So great has been the demand, that W. B. Saunders Company, the medical publishers of Philadelphia and London, have found it necessary to issue another revised edition of their illustrated catalogue of medical and surgical books. In looking through the copy we have received, we find that since the issuance of the last edition, six months ago, the publishers have placed on the market some twenty-five new books and new editions—truly an indication of publishing activity. The colored insert plate from Keen's new Surgery, which enhanced the value of the former edition, has been replaced by a new one from the second volume of the same work, and this alone gives the catalogue a real value. A copy will be sent to any physician upon request.

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Correspondence

Sanitation and Politics in Seattle.

To the Medical Sentinel:

Once more the medical profession in this city has been humiliated by the practical politician, and as usual it has taken its punishment meekly, is again waiting, hat in hand for stray crumbs from the politicians' table.

Unfortunately for the welfare of the community in sanitary matters, Seattle, in common with many other cities, is afflicted with a charter that is a melodious dream to the average politician, and Seattle is governed by politicians neither better nor worse than the average. Under this charter the mayor has power over appointive offices as despotic as that of the Czar of Russia over his subjects. When the mayor wishes to get rid of an officer, all he has to do is to notify him that he is "removed," thereby creating a vacancy. The mayor is supposed to file his reasons for the removal, but as there is no provision for a review of the alleged reasons, it affords the ousted officer no protection, nor any redress.

One of the unsanitary spots of the city, continually brought to notice by the press, is the city jail. Being a public building, and a new jail being under construction, the Health Board has felt that a report and a recommendation would be sufficient to bring about the necessary improvement. Some effort was made to better conditions some time ago, and the matter was allowed to stand until about October 1st, when the prospect of a new jail being still in the dim future, and the usual winter overcrowding of the old shack being imminent, the Health Board felt compelled to take decisive action, and in fulfillment of its sworn duty officially condemned the jail and ordered its abandonment.

The mayor paid no attention to the order of the Board of Health, but immediately removed its president, filing as his reason "dereliction of duty." The discourteous treatment of the President of the Health Board resulted in the prompt resignation of Health Officer Calhoun, who felt that his self-respect would not allow him to remain in office; and in the report in a morning paper that Dr. Janson had written his resignation. Dr. Harrison had tendered his resignation some time before, because of illness in his family, and the mayor took occasion to accept it at this time, so the prospects were that there would be no Health Board, unless the city's official head apologized.

A reporter detailed by one of the morning papers to learn the action of the profession in the matter, brought in the following report: "The King County Medical Society, in a special meeting, adopted the following resolutions:

"We, the members of the King County Medical Society, and representative physicians of this city, most earnestly protest against the unjust and humiliating treatment accorded the president of the Board of Health by the mayor, and as a body we endorse the action of the Board of Health in condemning the city jail, and commend and honor said Board for courageously doing its duty.

"We further pledge ourselves, collectively and individually, not to serve under the present administration unless a suitable apology is made to Dr. Loughary for the insult offered him in his official capacity, and we also pledge ourselves to use every effort to have the city charter so amended as to afford a conscientious

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officer proper protection in the performance of his duty."

Curiously enough, before this communication went to press, the city editor, struck by the fact that "for once the medical profession seemed to be alive," sent the reporter for additional particulars, when the latter confessed that he had no time to go to the meeting and had "faked" the report, sticking to probabilities and "common sense." The editor threw the stuff in the waste basket, and said, "I ought to discharge you, for everybody knows that doctors have no common sense. If they had, they would stand together and this affair would never have happened."

It later transpired that the medical society had not even considered the matter, and the mayor was not obliged to go outside of its ranks to fill the vacancies created by his arbitrary action, for Dr. Janson withdrew his resignation and the mayor selected two more physicians from the society who accepted the vacant places. The great respect for the profession engendered by this episode may be judged by the fact that a prominent member of the council felt inspired to remark: "The best thing the mayor ever did was to kick out the Health Board, and if I had been in his place I would have kicked it harder and further."

The most important feature of this humiliating affair is not that an honorable professional man has been arbitrarily dismissed for doing his duty, not that a conscientious and able health officer has been obliged to resign, nor even that a powerful local medical society is apparently so lacking loyalty to its members as to abandon to their fate those who attempt to uphold the honor of the profession.

None of these details, serious as they are, merit consideration compared with the fact that under such a charter as that of the city of Seattle, the health and lives of the community is at the mercy of any person whom the exigencies of politics may place in temporary power.

The lesson contained in this discreditable episode may be of benefit to other communities, and is being gradually learned all over the civilized world. It is: "Public Health matters must be divorced from politics." As long as public health offices are in the control of politicians, just so long will every honorable physician who accepts an office be in danger of the infamous treatment suffered by the president of the Seattle Board of Health.

This letter is not intended as a criticism of the methods of Seattle politicians, for they are as good as the average; nor of politicians in general, for every child knows that the foundation of practical politics is the control and distribution of public offices and the accompanying emoluments and privileges. Nor is it a reflection on the local medical society, for in standing off in dignified desuetude, it was merely living up to the mildewed traditions that have so long kept the profession from having its rightful influence on public affairs.

The subject of this arraignment is the medical profession at large. It is the fountain head and source of all sanitary knowledge. It originates and formulates every sanitary regulation in existence and devotes almost as much attention to the prevention of disease as to the curing of it, yet it hands over to the practical politician the control of all sanitary appointments, to be used by him in paying political debts and perpetuating himself in office. The average politician is "in the business" for his own personal benefit, and he distributes his favors where they will do the most good for himself and his party. The qualifications he consid-

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ers are not "Is this man honest and competent, and will he be the best selection for the public good?" But, "Has this man or his friends worked for us, and will it help our cause to appoint him?" The prompt removal of recalcitrant officers is part of the system to demonstrate political power and to intimidate those who might foolishly think it their duty to serve the public instead of the practical politician who has placed them in office.

Alabama, Florida, and other states have pointed the way to the efficient administration of public health affairs, and that is the control of all sanitary officers through the State Medical Association. When this is achieved, and not before, will the health authorities have power to enforce necessary sanitary measures, and then only will the local health officer be upheld and protected in the performance of his duty, and cease to be a creature of ward politics.

T. J. SULLIVAN, M. D.

Seattle, Wash., Nov. 1st, '07.

Some Observations on a Recent Visit to Some of the Eye, Ear, Nose and Throat Clinics of Vienna, Berlin and London.

A. K. Higgs, M. D., Heppner, Oregon.

To the mind of the physician who is contemplating his first trip to Europe for post-graduate work and pleasure, there come several questions of decided interest. First, he wants to know where he can secure the best instruction, where he can see the largest number of cases, how the courses are conducted, what they cost, something concerning traveling and living expenses, etc.

I believe it will pay an American physician who is just beginnng the study of eye, ear, nose and throat diseases to spend a few months at some of the medical centers in this country before going to Europe.

The clinics of London are large, and the fees for tuition very reasonable. For the equivalent of about fifty dollars, the student is appointed assistant in the eye, ear, nose and throat clinics, which fee includes a course of lectures on the eye. If one doesn't care to stay in London so long, the fees for the time employed are reasonable, but the assistant has so many advantages over the short term man it usually pays to take the six months' appointment, even if one expects to be there only for three or four months. The student has the privilege of studying any of the clinic cases, and may go to the chief or his first assistants at any time for instruction. The course on refraction is very good, but the individual teaching and special courses one needs so much in preparing for this special work cannot be had in London.

The clinics in Berlin are large and the visiting physician is given a hearty welcome. The work, however, is badly scattered and they don't give much attention to private instruction. To get a great deal out of the work in Berlin one must be able to speak German. Professors Hirschberg and Jansen both speak English, but they have no time for private classes, and their assistants speak very litle English.

Vienna, I think, is by far the best place to go. There is an abundance of clinical material there, and a business is made of teaching. One advantage in Vienna, and a great advantage to most American physicians, is that the courses are given in English. A knowledge of German is a great advantage, but not at all essential. One can get a course on anything he wants in Vienna, but courses on the eye or ear as a whole

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are not given. The work is divided into several courses, and the teaching is done in private classes limited to from four to ten students. Each class usually meets for one hour's study every day, except Sundays and holidays, and the student can arrange his work so the hours will not conflict and he can, therefore, carry six or seven courses at a time. Austria has so many holidays it usually takes a month to get through with a course of twenty hours. The courses are mostly given at the general hospital (Allgemeines Krankenhaus).

The courses on the eye are as follows: Diseases of the eye muscles, Dr. Meller, Fuch's clinic; clinic limited to ten; 15 hours; fee, about $6.50. External diseases, Dr. Meller, Fuchs clinic; limited to ten; 20 hours; about $11. Operative course on the cadaver, Dr. Meller, Fuchs clinic, 20 hours, class limited to six, about $20. Bacteriology of the eye, Dr. Hanke, Fuchs clinic, class limited to four, 24 hours, about $15. Microscopy of the eye, Dr. Salzmann, clinic Fuchs, 10 weeks, class limited to eight, about $20. Ophthalmoscopy, Dr. Lauber, Schnabel clinic, 20 hours, class limited to ten; about $12. Dr. Lauber also gives a course on external diseases, eye muscles, and an operative course on the cadaver. Operative clinics, Prof. Fuchs and Prof. Schnable, daily, free. The courses on the ear are as follows: Clinical course, Dr. Alexander, Politzer's clinic, 20 hours, class limited to ten; about $12. Functional test course, Dr. Alexander, 12 hours, class limited to ten; about $8. Operative course on the cadaver, Drs. Hammerschlag and Frey, 4 to 6 weeks, class limited to eight, about $15.

Arrangements can be made for private classes in the preparation of anatomical specimens. The courses on the nose and throat are as follows: Diagnostic and treatment course, Dr. Koschier, Poliklinik, 24 hours, about $11. Operative course on the living, Dr. Kaiser Poliklinik, 10 lessons, class limited to two, about $20. Diagnostic course, Drs. Kahler and Glas, Chiari Clinic, 24 hours, about $12. Operative course on the cadaver, Drs. Kahler and Glas, class limited to eight, about $15. Operative course on the living, Drs. Kahler and Glas, 24 hours, about $40. All of the courses mentioned above, and many others, are given in English, and the teachers mentioned give other courses both in English and German.

Vienna has a number of other teachers, all able men, giving courses, but the ones mentioned speak the best English. If one keeps busy in Vienna, he will spend from $75 to $100 a month for tuition, and the cost of board and lodging is about the same as it is in the cities of America. On arriving in Vienna, one should go immediately to the Cafe Klinik, at the corner of Lazareth and Spitalgasse, and register in the general registration book.

The Cafe Klinik is headquarters for the American doctors, and some one can always be found there who will assist in finding a boarding place, show one where to find the clinics, and assist the new arrival in getting started in the work.

So many American physicians go to Vienna to study that, in 1903, the American Medical Association of Vienna was organized. The purposes of the association are to promote social intercourse among its members, to furnish information to new arrivals regarding boarding houses, rooms, restaurants, etc., to provide information in regard to the scope and relative value of the courses, etc . All medical men in good standing, irrespective of nationality, engaged in post-graduate work are eligible to

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membership. Life membership fee is about $1.

Sundays and holidays can be agreeably spent in visiting the museums, art galleries, palaces, cathedrals, and the various places of historic interest around Vienna. Baedekers' "Vienna and Its Environs," a most valuable little book to the new arrival, gives correct information about things and places of interest to see, and how to find them.

OBITUARY.

The death is announced at Pocatello, recently, of Dr. C. N. Rooker, who has been ailing for some time. The Doctor was beloved by the entire community. He was a typical, good-hearted, generous country physician, ever ready with money and services to assist those who needed it, and who were unfortunate. His funeral was very largely attended, and the utmost sympathy exists for his widow.

The Transformation in Our Lumber Industry.

A few American citizens are still living who were alive in the days when the Indiana and Ohio pioneers were cutting great clear-grained black walnut, white oak, and hickory logs, piling them and burning them to ashes in order to be rid of them. Farmhouses are still standing in the Ohio Valley whose tenoned frames are of black walnut, and whose roof boards are of wide, clear lumber, such as is now sought for to be made into king's table tops. Black walnut lumber in American commerce is today little more than a memory; white oak in the finer finishing grades is worth half the price of mahogany, and the American vehicle industry is in distress for lack of hickory. Even in sawmill cities of the present day the lath from the walls of wrecked houses is carefully cleaned and bundled for resale, while half-decayed pine logs are sawed into merchantable lumber. Thus in the span of one life the American lumber industry has passed from surfeit to hunger. Soon another span promises to carry us from hunger to starvation.—From "The Lumber Industry of America," by Milton O. Nelson, in the American Review of Reviews for November.

The Place of Pharmacology in Medicine.

In his chairman's address before the Section on Pharmacology and Therapeutics, H. S. Wood, Jr., (Journal A. M. A., October 26), deplores the neglect received by the subject of therapeutics from the medical profession. It has as a consequence, on the one hand, a group of nihilists who, in their ignorance, proclaim that all drugs are useless, and, on the other, the growth of the nostrum industry, which he traces directly to the lack of knowledge of drugs on the part of the medical practitioner. Of all the sciences on which we can build our art of healing, pharmacology is the most important, because in the great run of cases drugs still hold our confidence in the treatment of disease. We should train students in physiology and pathology and then teach them what we know of the action of drugs on the healthy and on the diseased body, and when they understand these facts they will not discard drugs as useless, and because they know the limitations of drugs they will not be tempted to wander into the fields of polypharmacy or of nostrum giving.

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Extracts

The Serum Treatment of Exophthalmic Goitre.

Harriet C. B. Alexander (The American Practitioner and News, August, 1907) discusses the subject and reports thirteen cases. Four principal theories of the disease have been advanced: (1) That it is due to disease of the sympathetic nervous system; (2) that the seat of the malady is the medulla oblongata; (3) that it is primarily a disease of the thyreoid gland; and (4) that it is a neurosis.

Modern therapeutic measures have been largely based on the "thyreoid" theory. The results of partial strumectomy indicate that the successful removal of a portion of the thyreoid gland can lead to cure or to definite amelioration of the condition. On the theory that the thyreoid secretion normally neutralizes certain general metabolic poisons in the body, Moebius and others conceived of treating cases of exophthalmic goitre, in which there is presumably an excess of thyreoid secretion in the body, by introducing subcutaneously, or by the mouth, the serum of thyreoidectomized animals. It was hoped that the non-neutralized general metabolic poisons of such animals would nullify the toxic effect of the excessive thyreoid secretion. As to the treatment experience has shown the great importance of general measures: complete rest for a time, fresh air, careful diet, mild balneotherapy, etc.

The name Thyreoidectin has been given to a preparation obtained under aseptic precautions from the blood of animals from which the thyreoid glands have been removed, and which is exhibited as a reddish-brown powder contained in capsules, usually five grains each. Carefully conducted clinical trials seem to show that Thyreoidectin can be depended upon to control the characteristic symptoms of exophthalmic goitre. In most cases the patient experiences much relief from the restlessness, tremors, insomnia and other nervous symptoms so frequently present, and a gradual lessening of the frequency of the pulse rate, decrease in the size of the glands, and a much better condition generally. The dose of Thyreoidectin seems to be one or more capsules after each meal, according to the judgment of the physician and the reaction of the patient.

In nine of the author's thirteen cases the size of the gland was materially reduced, and in every case improvement was observed with respect to one or more of the symptoms.

Gradual Anal Dilatation by a New Method.

Dudley Roberts, of Brooklyn, says that rapid dilatation of the anus under anesthesia is never satisfactory and that the methods that have heretofore been used for gradual dilatation have never been so good as to avoid pain and be effectual at the same time. He has devised an elastic bag which is inserted into the rectum and gradually inflated. It produces a dilatation that is painless and that when repeated at regular intervals results in a cure.—Medical Record.

Experimental Arterial Degeneration.

Philip Frank, of New York, gives the results of some of his experiments on the production of arterial degeneration on animals by the injection of drugs. The drug used by him was ergotin, and the results obtained were so uncertain that no deductions could be drawn from them.—Medical Record.

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Personal

Oregon.

Dr. J. L. Hill, of Albany, was in Eugene last month.

Dr. M. K. Hall, of La Grande, has just sold his farm.

Dr. J. C. Smith has been elected mayor of Grants Pass.

Dr. J. W. Ransom, of Turner, was at Salem last month.

Dr. Beers, of Wasco, was a Portland visitor last month.

Dr. A. G. Prill, of Scio, was a visitor in Albany last month.

Dr. J. M. Holt, of Astoria, was a Portland visitor last month.

Dr. and Mrs. F. H. Coffeen have arrived home at North Yamhill.

Dr. V. C. Belknap, of Prairie City, was in Canyon City last month.

Dr. J. T. McCormac, of Marshfield, was on the sick list last month.

Dr. H. C. Dodds, of Dufur, was a visitor at The Dalles last month.

Dr. and Mrs. Marks, of Halsey, were visitors in Albany last month.

Dr. J. F. Wood, of Condon, was in The Dalles last month on business.

Dr. D. A. Paine, of Eugene, was in Portland for a short visit last month.

Dr. J. W. Harris, of Eugene, was called to Cottage Grove last month.

Dr. B. H. Callon and son, of Dallas, were Portland visitors last month.

Dr. J. W. Robinson, of Jacksonville, was a caller in Medford last week

Dr. DeWitt A. Paine, of Eugene, was a caller in Portland last month.

Dr. W. H. Byrd, of Salem, made a business trip to Portland last month.

Dr. M. K. Hall, of La Grande, was called to Imbler last month on a case.

Dr. Smick, of Myrtle Creek, was in Roseburg last month to an entertainment.

Dr. Lulu M. Marquam, of Eugene, had an attack of the grippe last month.

Dr. B. A. Cathey, of Corvallis, was calling on his friends at Albany last month.

Dr. W. B. Morse, of Salem, was calling on his Portland friends last month.

Dr. J. E. Shearer, of Medford, was in Portland for a few days in December.

Dr. F. W. Whiting, of Elgin, was in La Grande last month on professional business.

Dr. J. W. Geary, of Burns, made a call at Andrews last month to see a patient.

Dr. E. L. Page, of Oakland, attended court at Roseburg last month as a witness.

Dr. N. Molitor, of LaGrande, was called to Summerville last month on business.

Dr. C. T. Bacon, of La Grande, was called to Hilgard last month to see a patient.

Dr. Frank E. Selover and wife, of Eugene, were Portland sightseers last month.

Dr. Wm. Kuykendall, of Eugene, was calling on his Portland friends last month.

Dr. Gertrude French, of Portland, visited her parents at Christmas time, at The Dalles.

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Dr. W. L. Marsden, of Burns, had a country ride of 280 miles last month to see a patient.

Dr. Wm. H. Davis, of Albany, was calling on his Portland friends just before the holidays.

Dr. Wm. L. Parker, of Baker City, is chairman of the Jackson Day committee of his town.

Dr. M. H. Parker, of Greenville, was calling on his friends at Forest Grove last month.

Dr. J. H. Jessen, of Dayton, was on the sick list last month with an attack of tonsilitis.

Dr. C. R. Matthis, of Amity, recently sustained a compound fracture of the arm from a fall.

Dr. R. R. Hamilton, of Medford, went to Salem last month with a patient to the hospital.

Dr. T. W. Harris, of Eugene, was a visitor at Junction City last month, on professional business.

Dr. and Mrs. L. W. Chilton, of Canyon City, were in Baker City last month on their way east.

Dr. Seymour Corpe, of Weston, was looking after some business matters at La Grande last month.

Dr. O. J. Goffin, of Moro, has returned home, after visiting his mother, who has been sick.

Dr. A. F. Sether has returned to Glendale, after looking after Dr. Seely's practice at Roseburg.

Dr. Greene, of La Crosse, Wash., has moved to Portland and taken offices in the Medical building.

Dr. and Mrs. H. C. Dodds, of Dufur, left last month for the East, where they will visit for a month.

Dr. A. E. Wrightman, of Silverton, has been making some substantial improvements to his residence property.

Dr. R. C. Kelsey, of Gold Hill, is putting his town lots in his Riverside Park addition on the market.

Dr. Marguerite T. Pomeroy, of Salem, was among the Salem doctors calling in Portland last month.

Dr. R. J. Pilkington, of Astoria, has been regularly appointed deputy quarantine officer, to assist Mr. Holt.

Dr. and Mrs. J. M. Kitchen, of Stayton, attended the funeral of Mrs. Kitchen's father at Albany last month.

Dr. Osmar K. Wolf will, the first of the year, locate in John Day. The [illegible] been for eight months at Falls City.

Dr. C. A. [illegible], of Enterprise, received [illegible] intelligence recently of the death of his mother at Oshkosh, Wisconsin.

Dr. F. V. Mohn, of Astoria, has resigned as city physician, and Dr. Clara Reames was appointed to fill the vacancy.

Dr. K. L. Miller, of Roseburg, was confined to his home for several days last month with a threatened attack of pneumonia.

Dr. and Mrs. Logan, of La Grande, stayed at The Dalles for a week last month, because of the illness of the doctor's sister.

Dr. W. S. Jones and wife, of Medford, spent three weeks in Denver and other central cities recently, and have no returned home.

Dr. and Mrs. A. C. Seely, of Roseburg, have returned from Portland to their home. They now have an heir, which came to them in this city.

Dr. F. J. Bailey and wife, of Hills-

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boro, have taken apartments at Portland for the winter, during which time he will practice in this city.

Dr. E. O. Parker, who some time ago left Pilot Rock for Salem, has returned, and he proposes in the spring to erect a hospital in Pilot Rock.

Dr. Chas. Hines, of Forest Grove, is a good-looking man—a fact that is not disclosed by his picture as it appeared in a recent issue of his local paper.

Dr. H. P. Hargrave, of Medford, as County Health Officer, has been calling the attention of physicians to the need of reporting to him contagious diseases.

Dr. M. B. Richardson, of Marshfield, was in Portland last month on his way east, where he will take a post-graduate course in some of the hospitals.

Dr. Carll has been elected mayor of Oregon City, and Dr. Pogue mayor of Ontario. The good people of those towns believe that a doctor is a good man to have in public life.

Dr. C. J. Smith, of Pendleton, who started a few months ago on a tour of Europe, was at last reports in Edinburg, Scotland. The Doctor is enjoying himself immensely.

Dr. and Mrs. Wm. Kuykendall, of Eugene, entertained the members of the University of Oregon football team at a dinner praty last month, their son being one of the team.

Dr. Holt, the federal quarantine officer at Astoria, had a narrow escape recently from being electrocuted. A wire bearing 2300 volts fell near him, and brushed his shoulder.

Dr. R. C. Yenney, of Portland, sustained several bruises to his arm late in November, from a fall out of a carriage. But he has recovered and his friends were glad to see him around again.

Dr. A. B. Gillis, of Salem, has resigned as a member of the State Board of Medical Examiners. He says that he has neglected his practice long enough, and that the office is a thankless and non-paying one, anyhow.

Dr. W. G. Cole, of Pendleton, has been reappointed city physician, the papers reporting that the mayor was willing to reappoint him on one condition—that he would accept his back salary, which he had neglected to draw. The condition was complied with, and the appointment was made.

Dr. Edward J. Page, of Oakland, is just rounding out his thirty-first year of practice in his present location, and is enjoying the best patronage of his life. This would look as though the Doctor had been useful in his day and generation, and his friends wish him many more years of usefulness.

Washington.

Dr. G. H. Graham has opened an office in Olympia.

Dr. A. P. Duryee has been appointed health officer of Everett.

Dr. E. O. Houda, of Centralia, has moved into his new residence.

Dr. S. J. Holmes, of Seattle, has been appointed pension examiner.

Dr. Wm. H. Payne, of Roslyn, was a recent visitor in North Yakima.

Dr. A. S. Austin, of Aberdeen, has purchased some new residence property.

Dr. L. M. Sims, of Kalama, has returned home with his bride from Indiana.

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Dr. N. M. Cook, has returned to Palouse, and will be associated with Dr. Dartt.

Dr. S. Sargentich, of Tacoma, has decided to defer his trip abroad until next spring.

Dr. and Mrs. B. Hill, of Huntsville, spent Christmas with their son at Pendleton, Ore.

Dr. Polk, who has been in the Indian service as physician, has located at Conconcully.

Dr. O. T. Stratton, who recently moved to Conconully, has moved again, this time to Wenatchee.

Dr. L. L. Porter and wife, of North Yakima, have just returned from an extended visit in thirteen states.

Dr. Chas. H. Russell, of Pullman, was called last month to Illinois by the serious illness of his father.

Dr. H. C. Fulton, of Asotin, has returned home, after taking several months' post-graduate work in Philadelphia.

Dr. W. C. Meredith is a newcomer from Iowa, at Nooksack. He has practiced 25 years in Michigan and Florida.

Dr. T. C. Avery, of Sunnyside, was in Portland last month, purchasing furniture and other supplies for his new hospital.

Dr. Geo. W. Hoxey, of Leavenworth, was in Wenatchee last month, discussing with the health officer the smallpox situation.

Dr. and Mrs. W. F. West, of Everett, entertained as their guests over Christmas, Dr. and Mrs. E. S. West, of North Yakima.

Dr. E. L. Kimball, of Spokane, has been appointed a member of the State Board of Health, to take the place of Dr. J. M .Semple, whose terms has expired.

Dr. J. A. Ghent, of Seattle, had a narrow escape from blood poisoning from the prick of a needle while operating on a patient. It was feared that he might lose his right hand or his life. Fortunately, however, he has recovered.

Dr. Spiro Sargentich, of Tacoma, who twenty years ago escaped Austria as a condemned revolutionist, has recently received a pardon from Emperor Joseph. The Doctor now proposes to visit his relatives in Austria.

Idaho.

Dr. W. D. Springer, of Boise, was a visitor in Nampa last month.

Dr. A. J. Cooper, of Nez Perce, had an attack of the grip last month.

Dr. R. W. Quick, of Meadows, gave a stag dinner last month, in honor of an old college chum.

Dr. E. W. Kleinman, of Hailey, was in Hagerman early last month, to perform an operation on a patient.

Dr. J. E. Hoyt, of Moscow, is in Kendrick, looking after the practice of Dr. Rothwell, while the doctor takes a vacation.

Dr. B. L. Steeves, of Weiser, enjoys the proud distinction of being president of the League of Southern Idaho Commercial Clubs.

Dr. J. R. Morgan has opened an office in Twin Falls. Dr. Morgan is a graduate of Northwestern University Medical School of Chicago.

Montana.

Dr. Milton Weston Hall, of Red Lodge, the new county physician, has opened a new hospital.

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MEDICAL SENTINEL

FEBRUARY
1908

Volume XV **Number 2**

Notes

Dr. Clara Reams, of Astoria, has been elected city physician of Astoria.

The Portland city authorities are getting after the gas company for furnishing gas that gives off, while being burned, fumes that are detrimental to the health of the people.

The new hospital at La Grande is nearing completion. The board of directors has on it Drs. A. L. Richardson, N. Molitor, Clark E. Saunders and C. T. Bacon. It will be a credit to the town.

On January 21st the annual banquet of the Pierce County Medical Society was held at the Tacoma Hotel, Tacoma. Dr. Hamilton Allan was toastmaster. Some excellent speches were made, some humorous, and others serious.

The Spokane County Medical Society gave an elegant banquet on the 8th ult. in honor of the State Board of Medical Examiners. There were some excellent speeches made in response to toasts proposed by Dr. Essig, the toastmaster.

At the last examination conducted by the State Board at Spokane, there were 99 men and five women seeking to secure certificates to practice medicine. It was the largest mid-winter class ever examined by the Washington board.

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The Chehalis County (Wash.) Medical Society met on the 7th ult. at Hoquiam, and elected officers for the coming year.. Dr. D. A. Schumacher, of Aberdeen, was elected president; Dr. McDonald, of Hoquiam, vice-president, and Dr. D. C. Urie, of Aberdeen, secretary.

The quarterly meeting of the Whitman County Medical Society (Wash.) was held at Palouse on the 20th ult. There were 25 members present, and a royal good time was had. Dr. F. E. Whittaker, of Palouse, was elected secretray-treasurer in place of Dr. Greene, resigned.

Portland will be doing what modern progress demands when it installs a laboratory, a chemist, bacteriologist and meat inspector. It should have a place, open to the public, where samples of food that are offered the public can be taken, and examined, and a report made thereon.

The authorities in some of the counties of Washington are getting after "doctors" who are practicing without authority. The usual notice of appeal is given, of course, after the offender is fined. A man named Green, at Granite Falls, is one of the latest offenders in this line.

Physicians are needed at Panama, at a salary of $150 per month. Examinations under the Civil Service Commission will be held on the 19th and 20th inst. at Astoria, Baker City, Eugene and Portland; and in Washington at Bellingham, Port Townsend, Seattle, Spokane, Tacoma and Walla Walla.

Members of the medical staff of the state insane asylum at Salem presented Superintendent Calbreath with a magnificent gold-headed cane as a token of the friendly relations that have existed for several years. Dr. Calbreath will rest for awhile and may take a trip abroad. He has two daughters studying music in Berlin.

We note with interest in the Los Angeles papers that "The Great Fer-Don," who was run out of Portland some months ago, is offering to cure everybody of everything at the mere cost of the medicine. This marked down, clearing sale offer is good only during the month of January . The European experts that are with him are declared to be wonders by the big-lined advertisements that the Los Angeles papers carry.

While the principle of taxing physicians in the shape of a license is objectionable on many grounds, yet, after all, it may be the only method

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by which quacks can be kept from preying on the community. Licenses would be refused those practitioners who were unequipped with such credentials for practice as the city ordinance required, and if they still persisted in practicing, they could be prosecuted for practicing without a license.

The newspapers cannot quite understand Dr. F. S. Bourns, of Seattle, who was appointed Special Health Officer to superintend the prophylactic work against plague. The Doctor recently wrote a letter to his chief suggesting that "for the remaining two months during which I understand this department is to be maintained as a separate organization my salary be reduced fifty per cent," because there was not much work to do. Such a suggestion is so contrary to that pursued by the ordinary officeholder, that the newspapers do not understand it, and some of them have dubbed the Doctor a Diogenes.

The Oregon State Board of Medical Examiners concluded its work of reviewing papers submitted at the examinations held on January 7, 8 and 9, and announced the following successful applicants for admission to practice in Oregon: John Garretson Blackwell, John F. Beaumont, Roy A. Miles Collins, Benjamin Samuel Cerswell, George Edwin Dix, Jesse Ettelson, Charles Biglow Frisbie, Thomas J. Higgins, Lester Martin Lehrback, Lucetta Amelia Smith, Alvin Walter Baird, Adalbert G. Bettman, Robert J. Conroy, Benjamin Franklin De Vore, Robert E. Dunlap, Elbert Ernest Fisher, Carl G. Griffith, Charles K. Holsman, Hew Bernard McMurdo, Max Rosendorff.

The next Pan-American Medical Congress will be held in Guatemala, Central America, the second week in next August. The Government and the people of the Republic of Guatemala, as well as the National Committee of the Fifth Pan-American Medical Congress are actively endeavoring to do all in their power, in a sure and efficient way, to make this meeting a great success. With this object in view the committee invites all medical men to attend. The meeting will commence at Guatemala on the 5th, and will continue to the 6th, 7th, 8th, 9th and 10th of August. Those intending to be present should notify the secretary at 75 W. 55th St., New York City.

What effect on the eyes do moving pictures have, which are becoming so exceedingly popular nowadays? When one first saw them, the effect was likely to be somewhat startling, because of the difficulty of the normal eye to adapt itself to the lightning-like movements on the sheet. The

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health departments of some cities hold that the jumping of the films is bad for the eyesight, and they have issued a warning to the effect that the result is likely to be disastrous to the eyes, especially of children. This is a matter that should be taken up by the health authorities of other cities, and if it is determined that they are absolutely injurious to the eyes, they should be prohibited under the police powers that are given to every municipality by the laws of every state.

The Washington State Medical Board is waging a fight at Spokane against various chiro-practics and other alleged healers who have no license. These fakers have leagued thmselves together, as the Barbary pirates did many years ago, and propose to fight for their alleged rights. They say that the state law under which the state board is working is "class legislation." As a matter of fact, there is nothing in the constitution of the state of Washington prohibiting "class legislation"—a fact that the Spokane fakirs do not seem to know. There are many laws in our sister state that are unconstitutional, if it is unconstitutional to enact legislation directed against a certain class. There are laws against theft, and a thousand and one offenses, all of which come under the head of "class legislation."

The quarterly meeting of the Southern Idaho District Medical Society was held on the 7th ult. at Boise, and it was a very successful gathering. The papers on the program were as follows: "Infant Feeding," Dr. Mary E. Johnson, Boise; "Postpartum Hemorrhage," Dr. B. F. Campbell, Payette; "Report of Summary of 2000 Cases of Eye Strain," Dr. C. E. Hudgel, Boise; "Items of Interest in Opthalmology," Dr. Adolph Blitz, Boise; "Direct Transmission From Man to Man in Spotted (Tick) Fever," Dr. L. P. McCalla, Boise; "Bier's Hyperemia; Its Application and Value," Dr. F. H. Brandt, Boise; "Some Evil Effects of Nasal Obstruction; Operative Measures for Its Relief and Cure," Dr. R. L. Nourse, Boise; "Ordinary Colds and Their Treatment," Dr. E. E. Maxey, Boise; "Report of an Interesting Case, Patient Present," Dr. H. A. Brereton, Boise.

The board having in charge the care of the insane at the state hospital at Salem are considering improved methods for caring for those insane who are suffering from tuberculosis. The last session of the legislature had the matter under consideration, and in response to the application for an appropriation, gave the magnificent sum of $500. This sum, of course, is worth but little for the purpose desired, although it might purchase a few tents. Common humanity demands that the unfortunate patients afflicted with tuberculosis should have the most up to date attention, to say nothing of the importance of segregating those who have

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tuberculosis, so as to prevent the spread of the disease among other patients. It is the intention to build a pavilion or some other building of light construction, in which the tubercular patients can have the advantage of plenty of fresh air.

A doctor from Indiana named Wheeler, who moved to Tacoma, failed to pass the examination in the Evergreen state. He was disposed to practice, anyhow, and was promptly notified that if he did he would be prosecuted. He has announced that he will give his services, and trust to his patrons for voluntary contributions. He tells a newspaper reporter that "it will be only a matter of a short time until a national law is passed, providing that a man who has a good medical training, and who has passed the examinations of one state board, will be allowed to practice in any state." Such a statement is an indication that Dr. Wheeler is an excellent bluffer, for most people who have made any study of the constitution of the United States know very well that such a measure is impossible of achievement under our present system of government. If Dr. Wheeler cannot pass the Washington examination, it would be well for him to return to Indiana, for he will find it an exceedingly hard thing to combat the laws of our sister state, or to trust to voluntary contributions to pay his grocery and rent bills.

On January 11th the King County Medical Society (Wash.) had a banquet in Seattle, at which some excellent speeches were made. Dr. C. N. Suttner, of Walla Walla, the president of the State Medical Society, delivered a speech on some of the problems that face the medical profession today. He vigorously attacked the practices of quacks and impostors of all sorts, and was particularly scathing in his denunciation of Christian Science, denouncing it as "an arch instigator of a new form of homicide, more brutal than that of heathenism." According to the methods of this cult, he said, hundreds of helpless infants are allowed to die without medical attention. Rejecting the germ theory of disease, they refuse to quarantine their homes or notify the medical authorities when diphtheria, scarlet fever and similar contagious diseases break out in their own families. Bacilli and germs have no terror for them. Hospitals for the treatment of human ills are a relic of barbarism, in their view. This absurd system of medical therapeutics is accepted as "religion" by people who work bogus miracles and believe that their founder and teacher is inspired of God.

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Editorial Notes

The Telephone Question.—If the doctors of this city have, collectively or individually, disposed of the telephone question to their satisfaction, the Medical Sentinel has not heard of it. Several months ago they discussed the matter in society meetings, and passed resolutions to the effect that it was a nuisance to the profession to be required to install in their homes and offices, two telephones. They admitted that the old company was giving poor service; that the new company promised better treatment, but just how they were to get the improved service without being required to pay toll to two companies, was beyond them. So they had a committee of investigation. There has so far appeared no local golden road to success in such a contingency. Other cities in the United States have had the same problem to contend with. Here is Detroit, Mich., in which the same difficulty appears. The Detroit Medical Journal prints several pages dealing with the subject. It is declared, editorially, by that journal to be a "live question." The Dental Society of that city has decided only to use the Bell telephone, and the "Home," which is doubtless the automatic, is turned down by the dentists. But the physicians, allopathic and homeopathic, are acting together, with leanings against the "Home," but, so far as reported, they have not decided what to do.

In the articles that appear on the subject, it is very apparent that the service given by the Bell, before the advent of the Home, was execrable. The management was impertinent in its treatment of the public. The girls at central imbibed the same temperament that existed in the office. If you did not like the high-priced and bad service that was handed out to you, then take your telephone out. That was the spirt that greeted the patrons of the system. There is no reason why under the circumstances, a rival should not be greeted with enthuiasm. But, somehow, the Home, which seems to be just getting started in Detroit, was badly officered, and it did not take long for one of its chief agents to anger the physicians by his talk, so that there was caused "intensity of feeling, and uproariousness, members crying out for points of order, fair play, reciting portions of David Harum and all but losing their heads in the excitement."

So that, while there seems to be a leaning away from the Home by the physicians of Detroit, they hardly appear to be ready to drop back to the old poor service of the past. The Bell has greatly improved, and has made excellent promises as to what it will do in the future. But if the people who need the services of the physician take it into their heads to put in the Home telephone, what will the physicians do? This question is as pertinent in Portland as in Detroit. It is all well enough for the committee that may be appointed to issue a request, strong and earnest, that the physicians should stand together, but when did they ever stand together in a matter of this sort? Some, while regretting that they have to pay two sets of telephone bills, are yet willing to do so, for then they are let out of the trap that they have been so often caught in of wanting to get a party, and being told again and again that the line is "busy."

We are earnestly looking for some city of the size of Portland, where there are two working telephone systems, only one of which the physicians patronize, and where the scheme works out satisfactorily to everybody.

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One Way to Spread Tubercle Bacilli.—On a Portland street car, some time ago, the writer saw a passenger offer a conductor a nickel that the passenger had briefly held between his teeth. The conductor took the coin gingerly, barely touching it with his fingers, and put it into his metal receiver that he carried in front of his person. He made some remark condemnatory of the practice of passengers putting coins into their mouths, and passed on. The passenger intimated that he thought the conductor was over particular. A medical correspondent calls attention to the practice sometimes, though perhaps rarely, indulged in by conductors, of holding their pad of paper transfers between their teeth, while making change. The correspondent says that some time ago a conductor of markedly phthisical habitus handed him a transfer ticket treated in this manner, and the passenger made a smear from the ticket on a slide that he had with him. On staining the specimen, little was seen, but a few days after he repeated the operation with another ticket that had been similarly held in the mouth by the same conductor, and there found a few definite tubercle bacilli.

Doctor Mayors.—The subject of doctor mayors is discussed in an article in a recent issue of the New York Mail. The Mail remarks, inter alia, that "in Dr. Leonard Wood the American army has a possible commander-in-chief; Dr. Bensel has given New York a better administration of the street cleaning department than it has had since Col. Waring's day. His predecessor, Major Woodbury, was a surgeon. In Dr. Gallinger, of New Hampshire, the medical profession has at least one representative in the federal senate." In Europe it is not uncommon for medical men to hold high place in the councils and courts of even some of the greater nations. Virchow was a leader in the Reichstag for many years. A later example of the doctor's success in politics is in the person of M. Clemenceau, the great French premier, who was educated as a physican and practiced his profession in his earlier years. The Mail adds, as its own opinion: "To the tasks of political life the doctor can bring his skill in diagnosis, his knowledge of pathological conditions, the ability to jolly the individual which is half his curative art, and a wide acquaintance with the people and needs of the district. He should make a good legislator. Every successful physician, in fact, is something of a politician in the treatment of his patients." There are seven cities in New Jersey that have elected physicians as their mayors, and improved sanitation and rigid administration of public health laws and ordinances are the result.

Dr. Barnhill Resigned.—The last issue of the Columbus Medical Journal announces the retirement from the edittorship of that journal of Dr. James W. Barnhill, after nine years service in that capacity. Dr. Barnhill has filled his place with ability. He has presented in the columns of his journal much valuable original matter, and has sought during his incumbency of the position, to uphold the best interests of the profession. His many friends all over the country sincerely hope that his talents as an editor will not be allowed to sleep, but that he will speedily again get into the harness.

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THE MEDICAL SENTINEL

HENRY WALDO COE, M. D. Editor
PORTLAND, OREGON

With the Collaboration of the Officers of The State and District Medical Societies of Oregon, Washington, Idaho, Montana and Utah

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DIFFERENCES OF OPINION.

Differences of opinion are bound to exist in medical affairs. There are so many way of going forward, and only one of standing still. If the medical profession were standing still, there would be absolute agreement, for there could be nothing else. Here is our good friend Abbott exploiting with all his energy his H. M. C., and the Journal of the A. M. A. is hitting him right and left concerning it. The Journal claims that it is not a discovery; that it is a nostrum, and inert. Added to this contumely, it keeps its columns closed to Dr. Abbott's protests, and when it occasionally permits him to answer its most violent attacks, it draws the points from his articles, and in a top-loftical manner asserts that certain parts of his article were not necessary to publish. It has a masterful, domineering, tyrannical manner of acting, something like the powerful rulers of the old world, who do about as they please. It does not add to its reputation, or that of its conductor, for fairness. Perhaps it does not care for those things. Perhaps the ability to tyrannize is what it is after; perhaps its conductor would rather live in the memory of his contemporaries as being a tyrant, unfair and oligarchic, than to have any other sort of a reputation.

Some day the Journal, if its trustees of the future are wise, will have a different sort of a conductor to do the everyday work. He may not make more money for the A. M. A. than Dr. Simmons is capable of doing; but he will leave a sweeter name for himself, and those who have swords to cross with him will remember him with better feelings than they will ever remember Dr. Simmons. It may be that some individuals are engaged in the business of working the profession in an unprofessional, unethical manner. It may be that some preparations which are being advertised and offered the medical men of this country are worthy of severe criticism. But there is a high-handed method of treating manufacturers, who are believed by the rank and file of the profession to be engaged in making excellent preparations; and the feeling is that a coterie of

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persons, masquerading under some high-sounding name as a committee, are making fish of one set of manufacturers and fowl of others; and that all this is being done, more or less, under the manipulation of the men temporarily at the A. M. Journal helm.

Then there is the attack that Dr. McCormack makes, to the right and the left. He is taken to task by the National Association of Retail Druggists. Dr. McCormack has charged this organization with systematically opposing all efforts in legislatures to secure the passage of pure food laws; with introducing decoy bills, and spending money, solely for thee purpose of placing obstacles in the way of legislation beneficial for the public. It rather seems that the secretary of the N. A. R. D. has got Dr. McCormack in a corner, and he insists that if Dr. McCormack was accountable for his actions at the time he made his most objectionable statements, he was a knave or a fool.

It is a pity that discussions of such matters cannot be conducted with calmer feelings. There is something unscientific in a method which calls names. And yet, however scientific one may be—however much one's life may be devoted to the art of discovery—there is a good deal of human nature left, and when one is unjustly charged with unworthy conduct, there is a strong disposition to strike back with the most forcible language at command. One would like to be able to believe that the criticisms made by the men who have temporary control of the A. M. A. were actuated by excellent motives, and that these men were paragons of wisdom. But, alas! this is not the general opinion. There is much that is strictly human in what these men do. They are true descendants of the old Adam. However much the system under which they are elected to their places may appear to be an ideal system, the cloven foot too frequently shows through; and if Dr. Simmons and Dr. McCormack are belabored strenously from one end of the country to the other let us not believe that they are martyrs, suffering for the good of a cause whose flag they uphold with a single eye to the welfare of the profession, and without a particle of regard for their own aggrandizement.

NEEDED REFORMS.

There is something more to be done by the reformers in the medical profession, than to secure the passage by legislatures of good laws. This is important, it is true, but this is not enough. The denunciation in unmeasured terms by speech and pen, of manufacturers of proprietary preparations makes noise, but it is not all there is to working a reform. The very interesting presidential address printed in this issue of the Medical Sentinel, delivered by Dr. McCalla at the last meeting of the Idaho State Medical Society, names a few things that should be done, and they are by no means easy of accomplishment. One of the most crying needs is the better gen-

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eral education of the young person who desires to enter a medical college. Dr. McCalla says there are too many cheap medical schools, intent only upon securing the dollars of the students. No law can be passed to close these schools. This is a free country, where any school may run that can secure students. The only protection to the public comes in the examinations by the state board, which should be rigid in every line. Progress will be made when the state boards require the applicant to show evidence of better general education than is now required. There will be, of course, an increased amount of criticism of this course by those of our eastern friends who want a wide open door of reciprocity; who chafe at the high barred gates that are across the road that leads to practice in far western states; who insist that state regulation is unconstitutional, or at least should be; that a license to practice in one state should be good in any other state.

One who reads Dr. McCalla's address must come to the conclusion that he is right, and that what he urges in the way of reform is more for the benefit of the general public than of the medical profession. And yet the secular periodical literature of the day is full of protests against the laws which the medical profession regard as being the most salutary to the general public.

Even that earnest reformer, sharp with his pen, Dr. George M. Gould, is pessimistic. He is not merely so regarding the future, but he is not at all happy over what has been done in the past. His latest article asks: "Did it ever come to your mind that our long, great, valiant fight for medical registration, state boards of examination, four year courses, for medical organization and dignity, has ended in utter failure? We are just where we began twenty years ago. Then the Sick Citizen had a choice between quacks and regular practitioners, and the law could not be invoked to protect the citizen from greed and ignorance. How is it now? The law now demands the legalization of osteopathists and eddyites and Albany (not heaven) only knows what other forms of Healers and healers. Progress is giving the former unlegal and despised quack a legal and professional status. Isn't that an atrociously funny result of the generation-long demand for professional exclusiveness and registration? But only sillies can fail to see that it is leading to the right of the citizen to choose his doctor, or his quack, or his murderer as he pleases. And nothing in earth or heaven can prevent this democracy."

This is strong language, but there is truth in it. Too many of the laws we have are not enforced, and those which are allowed to be in abeyance are generally those which thinking men regard as being of the most importance. In Oregon and Washington, for example, we have laws on the statute book which are directly at variance with the practice of the advertising "doctors" whose advertisements are to be seen every day in the papers of Portland, Seattle and Tacoma. Why should not our state societies have standing committees whose business it would be to see that the laws that we have are enforced? Such committees would have an undesirable task,

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we admit, but the work should be handed around each year, so that one set of individuals would not be required to follow it up continuously. The public authorities are not sufficiently interested to inaugurate prosecutions where the law is broken. Wherever quacks are driven from their lairs, it is by the activity of medical men. Unfortunately, the work along these lines is not sufficiently persistent, chiefly because there is no active committee or person within the medical profession, particularly charged with the duty of seeing that the laws are enforced.

A STORM CENTER IN SPOKANE

A tolerably vivid imagination can picture the consternation that would possess the community if the physicians and surgeons were to suddenly retire from business. Go to our great hospitals, where the doctor's visit is regarded by the suffering patients as one of the happiest moments of the day, and think what the feeling would be in such institutions if the footfall of the physician were to be heard no more. Walk into the waiting rooms of the specialists of any large city, and see the dejected looks upon the patients as their eyes would greet a sign—"permanently retired from business." And yet, ministering as they do to the sufferings of humanity, the physicians and surgeons are liable at any time to be reviled by irresponsible reporters on the daily newspapers, who are always looking for something sensational. At Spokane, just now, one can find in the headlines of the sensational newspapers the medical men of that city referred to as "dopers and carvers." This is even more contemptible and unworthy of decent journalism than to call a dentist a "tooth carpenter," although this is bad enough. The Spokane trouble arises over a very proper crusade that is being made against that particular form of quackery called "chiropractic" operators, who are writing letters to the papers, and in other ways expressing their disapprobation of the laws of the state, and of those who are intent upon enforcing them. One of these correspondents says that it would be as reasonable to suppress their particular form of nerve massage as to suppress the shampooer in a Turkish bath, who, for pay, endeavors to benefit his visitor. The sensible part of the public, which, unfortunately, includes but a small proportion of mortals, can see the fallacy of this reasoning. But many of the newspapers are ever ready to give encouragement to this class of fakirs, partly because they contribute their money to the advertising columns. Spokane seems to be an exceptional storm center just at this time for this sort of excitement, and we wish for strength of arm to the law of the state of Washington, and to the enforcers thereof who live at Spokane.

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BUBONIC PLAGUE, WITH ESPECIAL REFERENCE TO PROPHYLAXIS AND ERADICATION.

By JOHN MILTON HOLT, Phil. B., M. D.
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This is a subject particularly opportune at this time, when, with plague to the south of us, and plague to the north of us, it is not unreasonable nor pessimistic to suppose that it may be our misfortune to awake some day to the realization that we have plague in the midst of us.

It is not often that we have a question to discuss which is of such an eminently practical nature, which is so far-reaching in its effects, and of such vital importance to the community at large. Simply as a question of economics, it is far and away more saving to the public treasury to institute comprehensive plans for preventing plague from securing a foothold, rather than dislodging the infection after it has become established. A few thousand dollars expended on general sanitary improvements would give more satisfactory returns than five or six times as many thousands spent simply in cleaning out and disinfecting. Municipal sanitary improvements of a permanent character go a great way toward making it difficult for the disease to secure a foothold.

The ancient and mediaeval history of plague will not be considered at this time, for the sake of brevity, but those interested in the early historical features of the disease are referred to the excellent monograph on "Bubonic Plague" by Surgeon-General Walter Wyman, U. S. Public Health and Marine Hospital Service.

After being free from the disease for over three years, San Francisco has again become the scene of its activities, and in four months has had as many cases as during the first three years of the former outbreak. In the interim between the two outbreaks there, San Francisco, it will be remembered, has been visited by earthquake and fire. As the writer was there at that time, it was noted how thoroughly the sterilizing fires had swept out Chinatown, the seat of the first infection. What became of the rats at the time of that fire? Undoubtedly many of them were unable to escape. Perhaps, just as likely, some were able to find refuge in the sewers, far beneath the fire, smoke and gas.

It may never be definitely determined where the primary infection of this last outbreak originated. Just as likely from without as from within. Just as possible to have been due to a sustained infection among the rats, notwithstanding earthquake and fire, as to have re-entered from a new external focus. Both grounds can be well supported by argument.

It must be borne in mind that it took five years to wipe out the

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scourge in San Francisco, at its initial appearance—a point which may be well taken by other ports and cities of the Pacific coast.

Then San Francisco enjoyed an immunity of over three years before the problem again was presented for Federal solution. Was that immunity an actual or a fancied one? In this connection, let me quote from the Journal of the American Medical Association for October 19, 1907, page 1377:

"The situation is reported to be fairly good in San Francisco, although cases are likely to occur there from time to time for a good many months. In all probability for several years, at least five, the infection has been spreading slowly through various parts of the state surrounding San Francisco Bay. The parallel between conditions there and the history of Manchuria is not reassuring. Histories of clinical cases, which were undoubtedly plague, have been found as far south as Livermore, below San Jose; in the San Joaquin Valley, beyond Stockton, and in the Sacramento Valley beyond Stockton. The counties are taking steps now, which should have been taken several years ago, to find out definitely the present status of affairs."

As of still further interest it may be noted that the last reported case in 1904, in California, was from Concord, Contra Costa County, and that one of the late manifestations of that first California outbreak was the spreading of the infection to the squirrels at large in the woods of the country district across the bay from San Francisco.

Through what avenues is it possible to have plague infection enter one community from another? By sea, and by land. By man in the incubative stage of the disease. By foodstuffs and merchandise. By rodents and by insects. While in the United States the Federal quarantine officers are always on the lookout for possible plague introduction, it must be borne in mind that overland infection is just as possible, and if overlooked, more dangerous.. An exacting supervision should be maintained of the merchandise and foodstuffs shipped by rail from San Francisco and Oakland to other communities and states. The methods of handling, origin, length of stay in California points, are all pertinent items of investigation for those entrusted with the health of any locality. The merchandise and foodstuffs may not, of themselves, be infected, but if harboring rodents, cockroaches, ants, flies, fleas, etc., these latter are of interest, and cannot consistently be overlooked.

Man in the incubative stage of the disease could undertake a journey before feeling completely incapacitated, and would be outside the borders of California before seeking treatment. This is not overlooking the practice of segregating all known contacts at the point of origin of the disease. But all contacts are not always located after a new case is discovered. And the contact may have occurred before the primary case became known, and the person exposed could innocently have started on his journey without knowing the nature of his friend's illness. Considering the length of the incubative stage of plague, it can be seen that this is not a remote possibility. However, if plague were a disease conveyed by man alone, its prophylaxis and eradication would be simple indeed, but the fact that it is not,

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forces upon us the realization that eternal vigilance is the price of liberty.

Recently, after the fumigation of a vessel at Astoria, the ship's captain remarked that while there may not have been many rats aboard, the cabins had been overrun with cockroaches, as is often the case, and the captain was very grateful for the fumigation on that account, as dead cockroaches were swept up by the hundreds and thousands, and a great nuisance abated.

As a matter of allied interest, let me cite the case of a large steamer entering the Columbia River. When she was fumigated prior to departure for Panama, over one thousand dead rats, by actual count, were found after the hatches were opened.

Again, on some of the vessels plying between Columbia River ports and San Francisco, after several monthly fumigations, dead rats would still be found, demonstrating the necessity for frequent periodical fumigations.

So often ship's captains have said to me, evidently with the hope of being exempted from fumigation on their "say so": "I have never seen a rat on this ship," or, "I keep two fine cats and a rat-terrier, and they keep this ship clear of rats," etc., etc. To all of which I answer that my only assurance that no rats are aboard is to fumigate and settle the question beyond doubt. Better to fumigate a dozen ratless ships than to pass one with a single rat aboard. That is preventive medicine, if you please. And the preventive medicine chain, like all other chains, will be only as strong as its weakest link.

The suctorial insects may become infected by sucking the blood from infected man or animal, and transmit the infection when they are killed against the skin, when their bacteria-laden blood and body contents are scattered over a skin surface or over the clothing. The infection of plague is not conveyed in exactly the same way as is malaria and yellow fever, even if the mosquito were the agent, as in plague the mosquito has a body full of plague blood, but that plague-laden blood does ont find its way to the injecting salivary glands, to be "pumped" into a new victim. But that plague-laden mosquito may alight upon a healthy person, there to be crushed, and the escaping blood find its way to the lymphatic absorbing system by way of abrasion. The suctorial insects may also distribute the contagion mechanically by walking over infective material and carrying the bacilli on their bodies, legs and feet, and then transplanting them. It is in this latter way also that the scavenger insects act as distributors. Another reason for striking the death knell of the common house fly, which is the filthiest and yet the commonest invader of our homes. In these days of advanced civilization fly screens are more necessary than tablecloths, and "tanglefoot" than napkins.

Just as yellow fever and malaria have rendered the mosquito man's natural enemy, so plague has classified the rat and mouse. They are hosts to be reckoned with. Municipalities, good-government clubs, sanitary associations, architects, and city law-makers must surely include the rat in their considerations and plans. The

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rat and the mosquito must go. We must have ratless and mosquito-less communities.

And these campaigns must not be temporary. Permit them to subside and in a few weeks there will be a new generation of rodents. Plans should be made for the next five years at least, and at that time we can best determine the wisest course to pursue further. The disease will most certainly be wiped out of San Francisco, as well as at Seattle, and in this city if it should appear. But after being eradicated, our vigilance should not cease. With plague in the Orient and South Africa, our Pacific Coast cities should so build and improve as to offer a poor haven for any globe-trotting rat. When Astoria and Portland, and Seattle and Tacoma, have their concrete sea-wall, with rat-proof wharves, then they will be supplementing the vigorous measures being practiced by the Federal Marine Hospital Service. Here is where the local authorities may co-operate with the Federal authorities, all for the common good of the entire people. In short, a rat campaign must henceforth be a permanent campaign.

Having secured a ratless and a mosquito-less community, there will not be much left to be desired in a sanitary way. With rat-proof buildings, and rat-proof wharves; concrete cellars and concrete streets; no stagnant pools nor piles of refuse; with tightly-covered garbage containers and garbage crematories; with pure water supply and efficient street-cleaners; with food supplies not left exposed to dust, dirt and fly; with flyless restaurants and abbatoirs—with all these, and yet a few more, we need have no fear of any transmissible disease.

After the disease has made its appearance, the measures practiced for prevention should be persisted in, and amplified, and extreme measures introduced in order to gain control of the situation. The district in the immediate vicinity of a case should have close attention. The room, house, and surroundings should have nothing short of complete disinfection. The contacts as a matter of course require isolation and observation. The forces should be concentrated here, even to the repeated searching out for rats, fleas and other vermin, dead or alive. The top soil should be fired immediately about the premises.

As far as the bacillus pest itself is concerned, eradication is a simple task, as the organism is easily destroyed. But the danger, and the cost, and the time lost, is all due to the infecting agent having migrated before the primary case asserted itself, rendering eradication a general campaign, covering much territory, rather than being limited to a small district.

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MODERN TECHNIQUE OF EAR, NOSE AND THROAT SURGERY

By JNO. A. DONOVAN, M. D.
Butte, Mont.
Oculist and Aurist Northern Pacific R. R. and Butte, Anaconda and Pacific R. R.

In our society meetings, each attends that he or she may keep informed of the progress made in the profession as a whole, none having the time to study each branch fully, yet no one cares to forget entirely any department of our profession. I shall not discuss theories or the different methods of procedure, but briefly describe only operations that experience has caused me to prefer.

Otology, being one of the youngest specialties, its progress has been within the last few years. Differential diagnosis is being worked out; the tuning forks have been of great aid in this. The various forms of deafness occupy the field at present. Tubal and intra tympanic therapeutics, hot air inflations and applications, massage by the numerous ingenious appliances, direct and indirect, have already accomplished considerable. In nonsuppurative diseases, operative surgical procedures have not yet given results hoped for; the unfavorable symptoms which sometimes follow do not justify its general use in private practice as yet, except in carefully selected cases.

Acute otitis media yields to inflation of tympanum with constant stream of warm air through catheter, repeated twice a day or less often, and local application of hot water. In children and many adults the immediate free incision of drum membrane is often preferable; in any case when relief is not obtained by simpler methods within a short time, this must be done to relieve pain and avoid complications. In all ear cases, acute or chronic, put the nose and throat in normal condition; with few exceptions, the trouble originates here, and if not too late, this alone will cure it. Never forget adenoids in children as the most frequent cause of earache. In suppurative disease, acute or chronic, get free outer drainage; the eustachian tube free, and keep clean. The mastoid antrum is usually involved, but if not directly troublesome generally recovers. Aspiration through the external canal, then thorough cleansing with antiseptic solutions or drying with cotton and antiseptic powders, e. g., boric acid, iodin compounds or pyoktanin. This will cure most cases. If it fails or active symptoms of mastoid disease become manifest, open the antrum and remove all diseased bone. Save the drum membrane and ossicles if possible. If the brain has already become involved, remove skull and give perfect drainage wherever it may be required.

The question where to ligate internal jugular is still a subject on which ablest authorities do not agree. Always ligate below the throm-

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bus as far below its infected portion as you can. The thrombus had better be cleaned out, as it is infected matter.

Those interested should study some of the recent special works on modern mastoid operations to become familiar with the careful work now being done in this line. Possibly but one safe rule might be given for mastoid and all intercranial complications—operate always at once when positively indicated, or, if in doubt as to the safety of awaiting developments. Before beginning, be prepared to do anything from the simplest to the most extensive operation. The time of the disease is no positive clue to the extensive destruction which may have taken place.

Rhinology.—Under this heading is included all conditions commonly known as catarrhal and their complications. In nearly, if not every chronic catarrhal patient will be found some nasal deformity or obstruction. Until this is corrected, no permanent cure may be expected.

The deformity most frequently met with is that of the septum—deflection, spur or thickening. The submucous operation is now receiving special attention. Whatever may be the ultimate outcome, those most experienced in it are its strongest advocates. Through a small incision, the mucous membrane and perichondrium are very carefully dissected from the cartilage and bone, then the spur is removed beneath this or the incision is then extended through the cartilage. Extreme caution is taken not to penetrate the perichondrium or mucous membrane of the opposite side; this then is dissected loose with the same gentleness and precaution, after which the offending cartilage and bone are removed. In contrast to the former methods, this operation is painless; but slight reaction, often none; almost no after-treatment necessary in majority of cases, and leaving much additional breathing space. It is said to be contraindicated in young children and old people. In the young, caution should be taken to remove as little cartilage and bone as possible. From the exceptionally good results I obtained in a patient 76 years of age, I do not consider old age in itself an objection. Skill, great care and patience are essential to success in this operation. The oft-repeated advice of our abdominal surgery teachers in our school days, that we should never attempt any abdominal operation till we had done it at least a hundred times, is very applicable to the submucous septum operation.

Possibly the next most frequent obstruction is the middle turbinate. The anterior end, or the entire body when necessary, may be removed in a few seconds by clipping with forceps or scissors and removing the desired amount with snare. The lower turbinate, even when not much hypertrophied, often is a serious factor in ear affections, appearing normal one time, but later all engorged on slightest change of climate. The removal of a very narrow strip along the edge of the bone with a saw and scissors or strong narrow scissors alone is accomplished in a few moments. Suprarenalin sprayed every half hour or hour the next twelve hours, prevents bleeding and the results are permanent.

Electro-cautery undoubtedly has a useful field. Many cases do not seem to warrant the cutting operations from either the patient's objection or the non-severity of the trouble. In these, a straight cautery

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incision, or where possible better still, a deep submucous cautery puncture, works admirably. If carefully and properly done, there is frequently almost no reaction. The indiscriminate use of the cautery has caused many to totally abandon it and condemn its use entirely.

After removal of anterior end of middle turbinate, the frontal, ethmoid and sphenoidal sinuses are accessible. In frontal sinus trouble, cleansing with the catheter has cured most of my cases. When this fails, opening the bone is necessary. The opening should be free and all traces of disease removed; drain through nose. The ethmoids may be opened either by extension of above operation or directly through the nose as indicated generally. These can be thoroughly curetted. The sphenoid is more difficult to reach, more dangerous, but when carefully done, curetting from above downward and outward, the results are excellent.

At the discussion of antrum operation at last British Medical Association meeting, both methods were defended, but I believe the intranasal operation will soon replace the external operation. The anterior third or half of lower turbinate is removed; the mucous membrane preserved where feasible; then with an electric trephine or a punch, the antrum is opened; the electric burr or forceps will easily remove all that is necessary (and my mistakes in my early operations were in removing too little); with curets, wth malleable shanks, the antrum is cleaned out.

Cocain renders nasal operations painless, or nearly so. Five per cent to ten per cent solutions, usually the former, with a little suprarenalin added, into which cotton strips are dipped, partially squeezed out, applied to the surface and left in contact six to ten minutes. A one per cent eucain solution, to which salt and a drop of suprarenalin has been added, injected where the local application of cocain can have no effect, usually removes all possibility of pain. Several newer anesthetics have proven useful, but as I have used cocain at least ten times a day for several years, and it is now over three years since I have had a case give me the least alarm, I do not feel justified in abandoning it. A few suggestions might not be out of place. Use always a fresh solution; prevent its too rapid absorption by combining a little suprarenalin; never inject stronger than one per cent solution; don't tell the patient you are using cocain; don't let remain over ten minutes. If toxic symptoms begin to appear, operate immediately. Don't lose your head, but begin cutting; bleeding starts and your patient and yourself will be happy again.

Laryngology.—In the ordinary inflammatory cases, suprarenalin and the newer silver preparations are in the field, while the older remedies, silver, zinc, etc., have not yet been replaced. Most of chronic throat troubles seem to originate from nasal or post nasal obstruction, and are never permanently relieved till the nose is put in proper physiological condition.

Adenoids are receiving more attention. Many more physicians are beginning to suspect their existence, thus innumerable children are being relieved who were formerly neglected. The forceps, curet or both instruments suffice to thoroughly eradicate the trouble. Care

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should be taken to remove all the growth, yet not scrape off the normal mucous membrane. The danger of grasping normal structures and the possible abnormal position of the vertebra, must be constantly in mind. Like in the septum operation, experience here is the only teacher. With tact, skill, gentleness with firmness, adenoids can be thoroughly and safely removed in a few seconds.

The tonsil is still being much discussed. Briefly, if tonsils are to be operated on to cure recurring tonsilitis or any of the numerous complex symptoms resulting from diseased tonsils, as local irritations, ear trouble, coughs, pharyngitis, glandular involvements, tubercular infection (shown to be of frequent occurrence) nothing less than complete removal of the tonsil will enable you to assure your patient a good prognosis. For this, the sharp tonsillotome is useless. Dull tonsillotomes only, or, better still, the snare or tonsil scissors, will remove the entire gland. It must first be thoroughly dissected from above and from each pillar. The snare is preferable in most cases, but a good tonsil forcep is necessary. After using many, I had E. B. Meyrowitz of New York make me one which is of proper size, shape and with teeth that will catch nicely and firmly hold any tonsil, neither slip off or pull through as many forceps do. Electro-cautery may be preferred for small, submerged, diseased tonsils. The lingual tonsil is best removed with a special instrument or the electro-cautery.

The new self-illuminated instruments, allowing direct inspection and direct removal of foreign bodies from larynx, trachea, bronchi, oesophagus and stomach, have done much towards perfcting a diagnosis of diseases of these organs and have greatly reduced the death rate. The same instruments may be used with reflected light when necessary.

Intubation, thanks to antitoxin, is now a rare operation, as is tracheotomy. Yet, many a child's life is being saved by tracheotomy, while waiting for antitoxin to take effect in case the physician has been called in late.

In conclusion, the old days of constant medication, succeeded by the days of brutal operations, indiscriminate cauterizations, blindly tearing out of unknown tissue with forceps, have been replaced by exact surgical procedures made possible only by careful, constant study, constant application to the work and, last but quite as essential, a thorough equipment of modern scientific instruments, enabling the operator to make accurate diagnoses and operate easily, quickly, accurately and painlessly.

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PRESIDENT'S ADDRESS.

By L. P. McCALLA, M. D.
Boise, Idaho

Read before the Idaho State Medical Society, October 3, 1907

As this is the first opportunity I have had to thank you for the honor shown me in electing me president of this society, not having been present at Lewiston a year ago, I want to say that I deeply appreciate the honor, and trust I may have been worthy of your trust. The excellence of the present program is the only response I can make to this point.

The men whose names appear on this program, who are not members and residents of this state, are men of national and international reputation, and have come here to address you, at our earnest solicitation, knowing as we did that you would be prepared to give them a cordial and interested attention, and that we will all be greatly benefited by having the opportunity to hear these learned, scientific addresses.

I wish that we might have every physician in the state here to join with us in making this meeting worthy of these excellent addresses.

I hope that every physician in this state may rise to the appreciation of his duties in being an active and interested member of the state and local societies. To stay away from the medical societies is a great misfortune and mistake.

Some of the physicians stay away because they have good excuses, but too many stay away from indifference and lack of appreciation of the benefits to be derived from attendance upon these meetings. Many of the excuses are not real, but imaginery, and could be easily overcome if the spirit of interest in scientific study and advancement were really awake in them.

Only too often small things stand in the way of the physician and prevent his going to the society meetings. Such trivial and inexcusable excuses as I have had given me, as "the presence of some other physician on the program," or, "who has been elected an officer of the society." This is no excuse at all, and no self-respecting man can give such an excuse. He above all men needs the good, elevating and enlightening influences of the medical societies. Any man who has been honored by the degree of M. D. should be above such smallness of intellect. He who is so influenced is not worthy of his trust, and is unfit to carry the responsibilities of human lives upon his shoulders.

I am fully convinced that the preliminary education is of all im-

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portance in dispelling such small influences. The preliminary education of any young man who aspires to the study of medicine should have such high standard as will insure broader mind and higher ideals before he enters upon the study of medicine.

Of course, education does not always give immunity from smallness of mind, but as a rule the young man who has secured a reasonably high standard of education before he enters the medical school, and with the enobling influences of the teachers in the best schools, he has reached a standard too high after four years of medical study, to be actuated by any but noble motives.

The preliminary education required by the medical school is the best index possible of the education given in this school.

We physicians who are often consulted by young men who contemplate entering the medical profession are responsible to a very large degree to these young men. The school you advise will probably be selected. If we have advised him to go to some school where he can get through on a small allowance (most young men who study medicine are poor); where he can get in without more than a very ordinary public school education, and where he is practically assured of graduating without fail, we have done this young man an irreparable injustice. We have sent him on his way handicapped for life and have consigned him to mediocrity and to a life of hardship and failure.

It is too bad that most of the young men who enter medicine are poor. It is true that most of the leaders in the profession in this country have been poor boys. Young men who have plenty of means to secure a good preliminary education, and to further prosecute their studies after graduating at a medical school, should be better physicians, provided they have the true scientific enthusiasm and love of knowledge, and a desire to be of use to their fellow men. Unfortunately, however, most young men so blessed have no desire to enter medicine. They are seeking easier and less strenuous lives. They are seeking amusement rather than to be of use to suffering humanity.

The practice of medicine as a business is not a success. If we do not enter this life with a different purpose than making money, we are unworthy of the name of Doctor of Medicine. To enter this profession without the fitness that can only come with a good preliminary education and a four years course in the best medical school, is to enter only half qualified and with a handicap that is very hard, or, impossible to ever overcome. I know this, because I have experienced it.

We have not in the past, and only a few schools do now, laid the proper foundation for medical study. This is only too patent to even the casual observer, who goes to France and Germany. I do not mean by this that our American physicians are inferior to the European. The tremendous practicability of the American is what saves him, however. The American is handicapped by lack of foundation work. If the Americans were prepared by the foundation work of the Germans, and all medical schools required the same

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standard as our best schools require, the American physicians would soon set a pace in the medical world that would be as astounding as the dazzling pace of the American in commerce.

If any of you ever start a young man out on the study of medicine, insist that he is not qualified without first having acquired the Doctor, or, at least, the Bachelor of Sciences degree from one of our colleges. And put him in the best medical school we have. If you are in any way responsible for his curtailing in any way his preparation, you are his worst enemy. If you have provided the money for his education, you are doubly responsible for his getting through without any handicap that may never be overcome.

One of the worst features of a poor education is, that the boy himself may never appreciate his condition. Whether ignorance may be bliss to the young man himself I know not, but surely it is a great injustice to the suffering humanity that must depend upon him for help in sickness and distress.

While it is very true that many men with ordinary educations have made most excellent doctors, it is also very true, that, the same men, if they had received the best preparation for their life work, would have been much better doctors and much happier men.

An experience of six years as a member of the State Board of Medical Examiners has given me a great number of examples of what I have just spoken of. Young men, bright, honest and intelligent, who have noble hearts, who have been educated in cheap medical schools, have come before the board, unable to pass any reasonable examination. After spending everything they possessed, and having worked hard, they are, nevertheless, utterly unfit to practice medicine intelligently and satisfactorily. Thus handicapped for life, they are absolutely disappointed and soured on everything.

Some of these young men can see where the trouble lies, and go to good schools and learn enough to pass the examination before the state boards, and begin all anew. Some of them are never put right, however. They are confident of having been well educated, because the "Professors" told them so; and in their estimation the members of the board are simply dishonest robbers, who prevent them from passing because they don't want them as competittors. Now what can be a worse condition than this? Where and who is to blame? It is not this poor young man. He was honest and industrious. He went to this school probably because some physician recommended him to go, or, because many inducements were offered by the Dean to whom he had written before entering, who promised him everything for only a little money and a short loss of time.

The council on medical education has recommended that all medical schools that are run for personal profit or other personal gain, in any way, should be discouraged and abolished. This is where we must direct our efforts.

Allow me here to make this suggestion to you. There may come up at this session some suggestion for reciprocity between licensing boards. I have given this matter a great deal of thought, and am

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firmly convinced that any reciprocity is unwise at this time. There will come a time when reciprocity will be right and should be given. Just now, however, when the need for better education is on trial, and serious trial, too, we should not handicap our state board by working for reciprocity. The individual state board, as the council suggests, is paramount in elevating the standard of education of the schools. So long as individual boards demand better education and higher standards, the schools have no recourse but to comply, or have their men turned down. Any state may change its standard and a national standard is unconstitutional. At least a national board would be. Too much reciprocity may handicap the work of the board. They should be given every opportunity to help raise the standards of education, and not have their hands tied by reciprocity.

All state boards are reasonable in their requirements. They have no axes to grind. They are simply carrying out their duties as they are sworn to do, and, without exception, I have found them all fair and honest in every examination paper I have seen. If you in any way cripple this influence, which is universally admitted to be the chief influence in this country toward higher education, you will have hit a vital blow.

There is one point I will take the liberty to suggest that you carry out, that is, to make up a list by this state society of the eligible men of the different schools who will accept, if appointed, places on the board. Make up a list at each annual meeting, revising the old list. Have at least three times as many names as will be required to fill any vacancies that may occur. Hand this list to the Hon. Governor of Idaho, and say to him that this is simply a suggestion from the state society, to help him in selecting members of this board. I believe it will be accepted and appreciated by the Governor. This will help him in making good selections. He can throw the responsibility on the state society. It will greatly simplify the work.

Any man who fills the position of examiner on this board is a martyr. He will make no friends, but many enemies. It is his duty, not his personal gain he must consider, and he should accept the appointment as an honor from his profession.

I have been much interested recently in reading the report of the Commission of Education, Department of the Interior. The 1903-4 report says that the endowments for education of theological students in this country, 7400 in number, $3,031 is available, or provided for each one of them. While for each of the medical students, 27,000 in number, only $54 is provided for his education. This is too bad. It is not more important to the human family or to the people of this country, to have highly educated ministers than it is to have highly educated physicians. It is far from my purpose to speak discouragingly of higher education of the ministry. This is as it should be. But I do say that the higher education of the physicians of this country is of as much importance to the people. The philanthrophists who are lavishly endowing theological schools, would do well if they gave as much to the endowment of medical schools.

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I feel doubly sure that they would receive as many stars in their crowns in glory for this kind of benevolence as for any other.

Dr. Wm. H. Welch, of Baltimore, recently said at Philadelphia: "Our medical charities could not exist without the free gift of the services by physicians, and the mere pecuniary value of these services, amounting annually to many millions of dollars, exceeds that of all the funds contributed to their endowment. The welfare of the community is vitally concerned with the supply of well trained physicians, never so much as today, when the power to relieve suffering and to check the incalculable waste to society from preventable diseases has been greatly increased and is continually growing. If the public wants good doctors, it must help to make them."

There are about 160 medical schools in America. About as many as in the whole of Europe combined. Recently the Council on Education, A. M. A., has been canvassing the country investigating the fitness for teaching of these medical schools. Out of this 160, there were only 81 that came up to a standard of 70 in the requirements prescribed by the Council; 47, or 20 per cent, were between 50 and 70 per cent; while 32, or 19.6 per cent were below 50 per cent of the required standard.

Of these schools there were only 47 that had less than 10 per cent failures before the various examining boards of the states in 1904. Twenty-seven had between 10 and 20 per cent failures, and 38 more than 20 per cent failures.

In 1906, there were 62 schools had less than 10 per cent failures. 24 had between 10 and 20 per cent failures, and 43 over 20 per cent.

They found that schools founded by private interests, for personal advertising and profit, were much inferior to Universities and State schools. Many of this number were nothing more than diploma mills. The Council has recommended to the state examining boards that all schools failing to fulfill or come up to 50 per cent standard should not be recognized. I am fully convinced that all schools falling below a much higher standard should be abolished. I shall ask you to pass a resolution at this meeting praying the state boards and the council of education to refuse to recognize all schools not reaching a standard of 75 per cent. The various state laws fix this as a standard of requrements for all applicants to come up to before reaching a standard entitling them to license. Why should any medical school that is to educate these young men who are to be entrusted with the lives and health of the community be permitted to exist when it fails to come up to this low standard? We have too many medical schools any way. If fully one-half, or even two-thirds were abolished, or the number lessened to this extent by combining the better schools into fewer numbers with better facilities, and refusing to admit any graduates to examination by the state boards from the poorer schools, our country would be greatly blessed. Any medical school that sends out graduates today that fail to receive 75 per cent before any state board should be frowned out of existence. Fewer numbers, and better schools, would do much to raise

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the standard of medical education in this country, where it has been far too low. The profession is badly over-crowded, and the condition of the professional men as a class today, is far below what it should be. Graduates from cheap and poorly equipped schools are not of a high standard in any line. They do much to lower the standard of the profession in the eyes of the world. They are ready to accept any kind of practice that may present itself when times are hard with them financially. They enter into contracts with lodges, societies, etc., for a remuneration that no self-respecting man should countenance.

This brings up the question of lodge practice that is fast becoming a great menace to the profession in America. It does seem that men who know that the medical societies all frown upon this kind of thing would be above entering into this kind of practice by contract. Especially does it seem to me that men who are high in the estimation of their fellow practitioners, and who have received the highest honors they can bestow, would be above doing this kind of thing. I appeal to the honor of such men, if there be any in our state, to rise above this low, degrading kind of thing, and to refuse to have further to do with this practice, that is doing more to pauperize the profession, and to destroy its high ideals, than any other evil that besets us.

The life insurance examination fee question which has attracted so much attention in the past year or two is in better condition now than at our last meeting . Two of the old line companies have recently restored the uniform fee of $5 for all examination not requiring the microscopic examination of the urine. Others will no doubt soon do the same.

I believe the medical officers of these companies have at all times had the interests of the physicians at heart, and did not sanction the reduction of the examination fee. At least I know this to be true in two of the old line companies with whom I have been familiar. The great pressure brought to bear upon the companies for retrenchment, they had to submit to for a time.

I would like to make this suggestion to the members of this society: if you will make all life insurance examinations $5, no matter with what company or society you are dealing, your actions will be of much more benefit in helping to bring about the raise of fees; and your actions will be much more consistent and dignified. I am confident that had this been the stand taken by all the societies it would have brought companies to better terms sooner than a scale of $5 for all old line companies and anything you can get for lodges, etc. This is not consistent, nor is it just. Any explanation of this irregular fee schedule is mythical. To say that when the applicant pays the fee, you will do it for $1, or $2, and when the company pays it you will make the fee $5, is neither right, just, nor is it answering the question. The applicant pays the fee in all cases. Any other explanation is a mistake, and a chimera. Let us stand pat on the fee for all life insurance examinations, if we take any stand at all.

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I want to say a few words about the patent medicine question, which has been attracting so much attention in the past two years.

Mr. Bok, editor of the Ladies' Home Journal, recently spoke before one of the medical societies in New York on this question. He gave some very interesting pointers to this society. He says that the greatest obstacles to fight against in this patent medicine fight comes from physicians using patent medicines, and from cheap medical journals advertising them. He says they are met on every turn when talking with editors of other journals and papers, trying to persuade them not to accept these advertisements, which they know to be false, by this remark: "Why should we not accept these advertisements when medical journals are filled with nothing else, and when physicians by the thousands are prescribing them daily?" They have found, where they have taken the trouble to investigate the conditions, that in every community investigated from 40 to 70 per cent of the physicians sending prescriptions to drug stores were using patented preparations. You know that nearly all medical journals accept and put into prominent places, these patented medicines. Now is this not truly pathetic? A lay journal fighting hard to correct this pernicious practice, and the regular profession doing every thing to prevent their success. Could you imagine a worse state of affairs?

I hope that you may at this meeting pass a resolution and send it to the medical journals throughout the country, asking them to desist from accepting these advertisements, and also, say to them, that this society is pledged not to take by any of its members any journal that does accept this kind of matter. I wish, too, that you would again pass resolutions, as you did at a former session, thanking the magazines and journals throughout the country that have been doing so much to put these pernicious practices down.

I believe that if every medical society in this country, at every meeting that is held, would pass resolutions condemning the practice of newspapers of advertising all illegitimate and misleading lies given them by patent medicine concerns, and from quack practitioners, asking them, not abusing them, for help in trying to correct these pernicious practices that are the cause of so much suffering and even loss of health and life, to say nothing of the loss of money to the people who really need it the worse, those who are chronic invalids and incurables who will catch at all straws; that much good would come of it.

I think that the moral standard of the press is lower than they have realized along this line. It is considered legitimate business to accept money for advertising any kind of misleading and pernicious lies, when it is done so universally by newspapers. I do not believe this kind of practice is any more honorable for newspapers than it would be for anyone else. If banks, dry goods stores, grocery stores and other business concerns followed such practices they would be sent to the penitentiary for holding out offers of so great importance to the public, when in fact they were all snares and delusions. Now, why should the press, upon which we are so de-

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pendent for all that is good and upbuilding to a community, accept this corrupt money, any more than a lawyer, banker, or merchant, should? I fail to see any justification of their position, but much that is to be condemned. If every medical society should memorialize the local papers at every meeting, not one time but every time they met, setting forth, not in complaining language, but in plain facts, what it really means to the people, who are dependent upon them for advice, I believe that within five years much would be accomplished. Now in what way could a few minutes be used to better advantage than in this? Show them in plain, uncomplaining language, by citing examples, and showing the conditions that we are familiar with, what it really means to do this kind of advertising. I am sure that the moral standard of the men who constitute the owners and editors of the newspapers is not lower than that of other men, and when it does dawn upon them that this practice, although it is universal and considered legitimate business now, is pernicious, and that this bribe money is not less tainted than that stolen from widows and orphans, or taken by force from helpless cripples, that they would stop the practice.

I believe that much good can come with a better and closer understanding between the public and the physicans. We should encourage them to investigate these problems pertaining to the public health and benefit. And to look into the merits of the work that is being done by the physicians for the public's good, so that they may know who is really interested in their welfare, the physicians, or the patent medicine charlatan classes.

In these times, when there are so many kinds of impostors, when so many kinds of charlatans are flourishing, making money and reputation by misrepresentation and flaunting advertisements; when schisms and isms, religious many of them, and commercial all of them, exist and flourish it is very necessary that we as the true custodians of the public health (a public which may be highly educated along the ordinary lines, but is woefully ignorant and incapable of discriminating for its own protection and benefit when it comes to a knowledge of diseases of the human body, and who needs this protection more now than ever before), should be more active and aggressive.

I take it that it is no credit to us as a profession that all these false Gods are being worshipped today. They are by far more numerous, and more dangerous, than ever before. We claim, and justly, too, that our profession has done so much for the protection of public health and property, especially along the line of protective medicine; and it should be well known and understood that these manifold benefits, to health, life, and property, have accrued from the ceaseless and tireless, and underpaid efforts of this, the most benevolent and self-sacrificing class of men on earth; and still, why is it that today these charlatans are flaunting before our eyes, and with the approbation, protection and patronage of the people, their flagrant and often criminal misrepresentations? Why, I say, is this condition true today? Have we done all that could have been done to

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protect the public? Yes, if they could have appreciated it; but no, since they could not. I am confident that we have not; and in many ways, too, can I see where we have been unequal to the real conditions. We should have openly educated the people, so that they might intelligently protect themselves, by being able to at least discriminate between that which is true and that which is false; that which is for their good and that which is for their harm.

We should have had more confidence in the judgment of the people to be able to appreciate what efforts we made, and should have taken them more into our confidence and tried to give them an intelligent conception of our work. Then they would have more confidence in us. The old conception of a successful physician, "One who keeps his mouth closed and looks wise, is accounted wise," is not what is expected and demanded of a successful physician of today. He must be open, candid, and always ready to explain in intelligent, plain language, the causes of diseases, how to prevent them and how to cure them. We should have public meetings and lectures; we should reach the public through the greatest of all educators, the press. We should at least not be more afraid to put into print what we know to be the truth and that which is best for the protection of the people, than are those afraid to publish what is false and harmful for the people. I believe that we fail to do our duty in its fullest and truest conception, unless we do this. The press is depended upon for all other kinds of knowledge being disseminated; why not for that which we know to be for the public's good and protection? The press scatters the charlatan's flagrant offers of cure for incurable diseases. The press scatters the false offers of benefit and help to restore the invalid to health by taking patent medicines; why, I say, should the press not help us to educate the people to rightly appreciate and discriminate as to what is for its good? I do not advocate the personal advertising of any individual. I do not sanction the many efforts that are being made everywhere by medical men trying to advertise themselves for personal gain. I do advocate, however, the advertising of truths that have been made the fruits of honest labor of tireless physicians, in such manner that is not offensive, and is not for personal gain. If we are truly benefactors and custodians of the public's health, we should make every effort to do all that will help to rightly inform this public that it may appreciate and accept this help. We are not afraid to have the truths known for which men have given their lives in medicine. We are not ashamed to have the people to know what we know to be for their own good and protection. We want them to know it all.

We are very careful, however, never to give these truths to the public in other ways than in scientific journals. We are hiding our lights under a bushel. If the people read medical journals, which they do not, they would not understand much that they read.

We hide our lights, and yet wonder and complaint that we are not appreciated and remunerated sufficiently to get a good living. We wonder why those who are false in everything they say and do, except to understand human nature, are so successful in obtaining the

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patronage and protection of the people, when we know they are false. We can charge much of this to our own shortcomings. Not in honest intentions, but in not appreciating how to correct this evil.

There are in this, and I assume in every community, physicians who will countenance and recognize charlatans, in a professional way. These physicians will smile on the faith curer and say she does no harm; will consult with the osteopath in cases where they have been called. I believe you will all agree with me that this can not possibly redound to the good of the patient, or the honor of the physician. Some compromise must be effected, and the physician will have to do this in order to hold the good will of this irregular, who may call him again. This physician can not do this with any other than a commercial motive, at the sacrifice of his professional honor. Any physician who sacrifices his professional honor for commercial gain, is not worthy of his trust. Here, again, I will refer to my remarks in the earlier part of this discourse, and say that these physicians who do this kind of thing, are, as a rule, recruited from the cheap medical schools; those not requiring a high standard, either in preliminary or medical education, before conferring the degree of Doctor of Medicine upon its students.

It is useless to recount these compromising conditions unless we can by doing so either make the practice so odious by making it public, or by passing resolutions which will be lived up to by the better class of physicians, assessing a penalty upon the transgressor which he can not live under without greater loss than which he gains from this irregular practice. I will ask you to consider this in your deliberations. We must constantly strive to raise the standard among physicians, both as to moral and educational fitness; and to raise the standard of education among the people along the lines enabling them to be able to intelligently discriminate for their own protection and good. I am confident that there are today more charlatans and frauds imposing upon the people than ever before. Shall we continue in the mild and seclusive methods of the past, or shall we become aggressive and make a public fight for better conditions, and try the effect of public education in remedying these compromising conditions that confront us as a profession today? I am heartily in favor of adopting the aggressive.

First, stand by and support your state board of medical examiners. Help them to raise the standard higher in the medical schools. We are more dependent upon the state board individually, than upon the state board as an organization. I know that the medical schools feeling here is as I have stated, they must try to conform to the standard of the individual board more than to the association of medical boards, which is only too much influenced by teachers in medical schools. Let us help to raise the standard so high in the medical schools that none but highly educated and well-qualified men will enter the field of medicine, and I am sure you can have nothing to fear from this class of men. And, too, it will help to gradually remedy the condition of over-filled ranks in the profession, which, in itself, is one of the greatest causes of professional misdoings, be-

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cause the over-crowded condition makes it hard to even make an ordinary living, and, therefore, questionable methods are used. Second, if we can educate the public to an appreciation of the real conditions. To do this, we must have the press help us. We are dependent upon the press to educate the people that they may know what is good for them and what is bad for them. I believe we can depend upon this help coming to our assistance, if we go about it in the right way and not antagonize them, nor abuse them, if they fail to see aright at first; but, labor on; labor dligently, earnestly, and honestly, and by this eternal diligence and honesty of purpose, we will in a few years have most of the press with us; at least, the best of the press, the honest press; and, with this gained, the end is in sight for better conditions.

Instruction in Hydrotherapy.

Simon Baruch, of New York, gives a resume of the history of the rise of hydrotherapeutic treatment. He states that the application of water if skilfully managed, regulates the circulation and distribution of the blood, the production of heat and tissue change, and influences the respiration and the nerves. There is little teaching of hydrotherapeutics in the medical schools and the author advocates in every medical school a systematic course of instruction in this line, with diagnosis and practical demonstration of the therapeutic effects on patients. —Medical Record.

Prevention of Death During Anesthesia by Chloroform and Ether.

Robert Reyburn, of Washington, believes that deaths from anesthesia are due to the neglect of certain precautions, and these he endeavors to point out. Death by ether is either speedy, resulting from the too concentrated ether vapor inhaled ,or delayed, when it results from nephritis due to prolonged inhalation. The cone used should be of the simplest and the anesthetist a trained one, not an undergraduate. When death results from acute nephritis it is due to the large amount of ether absorbed by the blood in the renal artery, one of the largest branches of the aorta. Death may result from too great absorption of ether into the lungs, producing bronchial irritation and pneumonia. A third late form of death results from acute fatty degeneration of the liver. Sudden death is believed by the author to be from the columns of venous blood filling the jugular and innominate veins, and this pressing upon the auricle and preventing it from opening. The first treatment, then, is the inversion of the patient so as by gravity to open the auricle. The ether should be given drop by drop. The operation should be as short as possible. A faradic battery should always be ready to stimulate respiration, and artificial respiration in the prone position should be at once performed.—Medical Record.

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INTERSTITIAL NEPHRITIS

By C. L. DUTTON, M. D.
Meridian, Idaho

Read before the Idaho State Medical Society, October 3, 1907

PREFACE.

This is considered an old subject, yet we, as physicans, often fail to recognize it. It has a habit of masquerading behind unpretentious symptoms and at first glance we call it simply rheumatism, asthma, diabetes insipidis, bronchitis, functional disorders of the heart and so forth. But, if we look more closely, we shall see it is really interstitial nephritis with which we have to deal.

The structure of the kidney is so complex that we know very little about its functions and are too quick to assume; the facts should be found by experiments.

PATHOLOGY.

Atrophy and induration of the kidney are generally due to inflammations that come on acutely or insidiously and are characterized by cellular infiltration, granulations, obliteration of larger blood vessels, the formation of new vessels, and by atrophy and degeneration of the glandular tissue.

The microscopic appearance shows deposition of connective tissue about the glomeruli and tubules, and a general increase of the interstitial elements.

ETIOLOGY.

The cause of the very slow onset of primary, diffuse, fibroid contraction and atrophy of the kidney is often quite obscure. Age, sex, heredity, gout, arterio-sclerosis, lead-poisoning, malaria, syphilis, habitual over-eating and drinking, long-continued exposure—to these causes we often attribute the disease. But these are only causes in so far as their toxins are the cause.

Highly nervous tension, such as accompanies the anxiety and worry of business, is conducive to the production of chronic renal-sclerosis. The true excitants and irritants that induce the inflammation are undoubtedly of the nature of poisonous purin bases (a suboxidized uric acid or urea) and putrifaction of albumens in the alimentary canal. Owing to the long-disturbed functions of the liver, and engorgement of its channels, these toxic albumens are filtered through the liver into the circulation—irritating the heart and arteries, disturbing the functions of tissues, impairing metabolism, and further giving rise to protein derivates.

SYMPTOMS.

The symptoms may be latent for years, while the morbid changes

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are taking place. Usually, however, there are at least *mild attacks with symptoms of uremia*—headache, drowsiness, free micturation, failing vision, dyspnea—dyspnea may be due to poisonous toxins in the circulation (in the nature of urea and so forth) or to cardiac feebleness.

Urinary—The daily quantity of urine is usually increased so that patients are annoyed by frequent micturation.

In some people, of advanced age, the condition is aggravated by an enlarged prostate or by hyperacidity of the urine. The polyuria may arouse a suspicion of diabetes—the urine is pale yellow in color and of low specific gravity.

Albumen may be present in small traces or absent entirely. Urea is decreased and there is very little sediment. After careful examination, hyaline and granular casts may be found—also leukocytes and erythrocytes. During a nattack of *marked uremia,* the urine will be decreased a great deal, the albumen increased, and numerous casts can be found; also blood-cells, thought profuse hematurea is rare.

Physical examination of the heart will usually elicit hypertrophy, increased apical impulse, and the beat *down* and to the left. The left side of the heart may extend outside the left nipple line, if dilatation is marked. A mitral systolic murmur usually develops sometimes during the course of the disease.

In advanced cases, the pulse is increased in tension—especially where arterio-sclerosis is a factor in the cause or uremia is marked. But I have had cases where the pulse was not full and hard, but compressible and the tension was not greatly increased except during uremic poisoning. Cardiac, or uremic dyspnea, is usually worse at night.

Epistaxis may occur and be a serious symptom. Retinitis may be the cause of sudden and complete blindness. Tinnitus aurium, vertigo, anorexia, nausea, catarrhal gastritis, heavy urinous breath, dry skin, aching muscular cramps (that may be mistaken for rheumatism), pruritis, eczema, persistent cough that will not yield to treatment—all these are familiar symptoms that may present themselves at any time during the course of the disease. Or any combination of a few may usher in a fatal attack of uremia when we have not known that any disease of the kidney existed.

DIAGNOSIS.

Diagnosis is often very difficult, owing to the ability of some people to go for a long time with interstitial nephritis without any intimation that an abnormalty or disease of the kidney exists. Especially during middle or later life should we be watching for the symptoms, more especially if the patient has had lithemia, rheumatism, or gout, or if he uses alcohol or is one in whom lead-poisoning is possible.

If we make more frequent use of the microscope, centrifuge and chemical tests, together with the specific gravity, etc., and take into account the habits and age of the patient, I believe we can often arrive at an earlier diagnosis than we have heretofore—and, in many instances, bring to our patient a longer and better life.

Acute interstitial nephritis is rare and when it *does* occur, it is,

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so far as any accounts have been made, immediately following acute fevers—such as scarlet fever, dyptheria, and measles, and, in these conditions, polyuria should be a warning. Eczema appearing on the palmar surfaces of the hands and feet, breathlessness, aphasia, right-sided motor paralysis—*these* should excite suspicions of disease of the kidney, for they may be a precursor of uremic convulsions or coma.

PROGNOSIS.

Prognosis should be guarded because one cannot always tell, from the symptoms, the true condition that exists. The history of the case, the nourishment, strength, and durability of the patient and the cardio-vascular system should be carefully considered before arriving at a decision. The appearance of uremic symptoms and all inflammatory complications, convulsions and apoplectic seizures, make the **prognosis** unfavorable.

TREATMENT.

We cannot repair the damage done to the kidney, consequently we must treat the patient, and not the disease. The treatment resolves itself into hygiene, diet, and climate. The surroundings should be pleasant and the patient should be warmly clad and free from all exposure. Frequent warm baths and a strict observance of the general laws of health are necessary. The diet should be varied and nutritious and one which will not permit toxine formation in the alimentary tract.

The climate should be warm and equable, such as Southern California.

All symptoms should be treated as they arise, but avoid giving drugs that will burden the excretory functions of the remaining good kidney tissue.

Torald Sollmann recently wrote an article containing the experiments of Naussbaum and Brainbridge. Naussbaum ligated the renal artery in the frog to exclude the glomeruli from the circulation. Brainbridge modified this experiment, showing that the glomeruli ordinarily secrete all the water and dissolved substances and are the mechanism on which the saline diuretics act, especially in the case of chlorides, nitrates, sulphates, dextrose, and urea.

The tubular epithelium does not, under ordinary conditions, eliminate water, and it is very doubtful if it eliminates salts. It is not stimulated by saline diuretics except, to a limited extent, by dextrose and urea.

CONCLUSION.

The minute particles of truth will be found only when the useless accumulations of years have been cleared away. Then, through the combined efforts of true experimenters, will more perfect tests be found. The *chemists* must test the urine of some mammal (say a dog), *under all conditions,* in order to discover the true tests for the xanthin bases and purin compounds. They must test the urine while the animal is fed, starving, quiet, active, and also under the influence of ether. Different solutions must be passed into the circulation on the way to the kidney and results found in the final elimination of these products.

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The *physiologists* must show what parts of the kidney mechanism eeliminates these chemical compounds and the *pathologists* must show what parts of the kidney are injured by these compounds.

I believe the time is coming when we can treat interstitial nephritis with perfect intelligence and accomplish results far remote from our present methods.

The different parts of the tubules of the kidneys will be known definitely by the functions they perform—the glomeruli, loops, and the cells lining these, will have their functions more perfectly demonstrated.

Emerson has said, "As certainly as water falls in rain on the tops of mountains, and runs down into valleys, plains, and pits, so does thought fall first in the best minds, and runs down from class to class, until it reaches the masses, and works revolutions."

State Board of Health Problems.

C. D. Smith, Portland, Maine (Journal A. M. A.), discusses certain problems that have recently been brought before the sanitary boards. As regards the creation of a National Department of Health, he recognizes the advantages of concentration and uniformity in the sanitary work carried on by the government, but does not favor attempting to do too much at once. He is not one of those who think that an enlargement of the Public Health Bureau would not be a sufficiently marrked step in advance at the present time. There should be a widening of the relations, however, between the health departments of the general government and those of the several states, but he would have the national authority supreme in all matters of maritime and border quarantine and those involving international or interstate relations. Government should control immigration in its sanitary aspects and relieve the states from all trouble and expense on this account. He favors closer interstate co-operation and counsel of state sanitary authorities, and would have the conferences also include the adjoining provincial boards of health. As regards the antituberculosis agitation at the present time, he sees a possible danger of overdoing the matter and creating unrealizable expectations. The importance of other conditions, moreover, may be dwarfed in the public mind by the over-attention to this one particular subject. He pays a tribute to the work and value of the state laboratories from which very much is to be expected in addition to what has already been done. The need of a more active co-operation on the part of the medical profession in public health matters is also emphasized especially as regards the reporting of infectious diseases.

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DIRECT TRANSMISSION FROM MAN TO MAN OF THE ROCKY MOUNTAIN SPOTTED (TICK), FEVER.

By L. P. McCALLA, M. D.
Boise, Idaho

About the 1st of May, 1905, I had a case of "Spotted Fever" in a hospital in Boise, upon whom I found a large tick imbedded to such an extent in the skin of the chest that it was hard to remove the tick without pulling his head off. This tick was finally successfully removed and with the knowledge and consent of a man who had been in the hospital for about three months, having suffered severely in January from frost bite of his feet, I placed this tick upon his arm above the elbow, and after he had taken hold, covered him loosely with cotton and over this a bandage loosely applied to hold the cotton in place and protect the tick.

The tick was removed about 48 hours after. He had taken a good hold on the arm and we had to twist him off, as in the first place, but with less trouble, as he had been on a shorter time.

On the 9th day there were chilly sensations and some aching in the limbs and back. The 10th day a chill, with elevation of temperature to about 101 F. The temperature rose until it reached 103 F. on fourth day. He had the marked muscular pains in back, limbs, and headache. On third day of fever a rash began to be evident. This rash was a typical Spotted Fever rash, and subsided gradually as the convalescence progressed. The fever continued about eight or nine days.

This case was a typical case of medium severity of Spotted Fever. All the subjective and objective symptoms as seen in this fever were present.

The tick was placed again upon the leg of a woman with the same precautions as before to prevent its being rubbed off, immediately after it had been removed from the man.

On the third day, as in the former case, some malaise and chilly sensations were felt by the woman. On the fourth day fever to 100 F., with more marked muscle soreness and pain, with headache, etc. There was a slight rise of temperature for four or five days to 101 F., being the maximum, and a slight rash, typical of Spotted Fever, the subcuticular hoemorrhage, which gradually faded, as convalescence was rapidly progressing.

In this case, the tick took hold, but was found loose under the dressing the following morning, 24 hours after being applied. It was seen in place and biting the skin the evening after being applied about 10 or 11 hours. Just how long after this it remained in place and biting the patient we could not determine.

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This case was a mild case of Spotted Fever, as we sometimes see in this locality, when coming in from sheep camps and hills.

Both of these patients accepted this risk after it was explained to them what the experiment probably might mean.

Dr. H. A. Brereton assisted me in this experiment, and much of the success was due to his painstaking care to keep the tick in position and well protected.

Dr. H. T. Ricketts, of Chicago, and Dr. King, U. S. Public Health and Marine Hospital Service, have both during the past year demonstrated that this disease can be transmitted from animal to animal by direct transmission, but this experiment, which we recognize as a bold one, but which was done with the full knowledge and consent of the patients, was the first demonstration, to my knowledge, ever made of direct transmission from man to man, and in fact was made prior to the animal experiments above referred to.

First Aid to the Injured Among Coal Miners.

"What are you doing for him?" asked the hoisting engineer of a neighboring colliery, as he peeped in through the door of the dimly lighted shed at an apparently lifeless form with a blanket carelessly pulled over it.

"Sending for the undertaker," was the nonchalant response of the group of men outside.

"What was the matter,—gas?"

"Sure."

"Couldn't you revive him?"

"Didn't try. What's the use? He's done for."

"Well, you are a fine bunch. Don't you know anything about it at all? No? It's none of my business, I suppose, but a few weeks ago our company had a lecture on first aid to the injured. I've pretty nearly forgotten just what you do for a man knocked out by gas, but,—oh, yes, it's just the same as you do in case of drowning. Now, here, a couple of you men look alive and work his arms,—so. Don't stop till I tell you. The doctor said never stop if you kept at it for two or three hours. Gently now and steady. That's it."

This little incident happened several months ago in a mining town of the soft-coal region. Today one miner is at work in Pennsylvania instead of having been added as another unit to the already large figure of asphyxiation in the State Department of Mines report. One couldn't ask for a better example of what first aid to injured miners is doing.—From "Why Not a 'Red Cross' for the Army of Industry?" by Arthur B. Reeve, in the American Review of Reviews for February.

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Medical Societies

Portland City and County Medical Society.

City and County Medical Society met in the Commercial Club, and was called to order by President Hamilton, Dec. 18th.

Minutes of the previous meeting were read and approved.

Members present—Drs. S. L. Briggs, F. H. Dammasch, J. A. Gilbert, E. P. Geary, W. B. Holden, C. S. Hosmer, W. H. Hubbard, L. H. Hamilton, Wm. House, N. W. Jones, Johnson, G. F. Koehler, Kathrine Manion, A. E. Mackay, C. A. Macrum, G. H. Ostrander, E. A. Pierce, O. P. S. Plummer, E. D. Patton, J. A. Pettit, A. E. Rockey, J. B. Roth, S. H. Sheldon, A. W. Smith, Jos. Sternberg, Stearns, Swennson, G. T. Trommald, E. H. Tucker, A. Tilzer, O. B. Wight, Geo. Whiteside, J. R. Wetherbee.

Visitors—Drs. Cole, DeArmond, McLaughlin.

Dr. Otis B. Wight read a most interesting paper, viz: "Pulmonary Complications Following Anaesthesia." This class of paper is of material value to the general profession, directing our attention to the many little things neglected during and after operations. Out of 9000 cases of operation in which anaesthesia was used, 29 cases of pneumonia developed in the first eight days, 12 cases being of the lobar, 17 of the bronchial type. Other complications being lung emboli, lung infarcts, febrile bronchitis, pleurisy, empyema, lung abscess. Statistics from foreign clinics where cocain was used show a surprisingly high percentage of lung complications, although Dr. Mitchell, of Washington, D. C., reports that 50 per cent of his operations the past year were done under local anaesthesia without any complications. The tendency now is to have the patient assume a semi-sitting position and getting them out of bed as soon as possible. Length of anaesthesia plays an important part in the development of pneumonia. Irritant action of anaesthesia; toxic effects of anaesthesia on heart and blood vessels; presence of pneumonocci, and other bacteria in mouth and throat; cooling of the body, are found to be among the chief causes of complications following anaesthesia.

Preventions—Disinfection of mouth and nose. Careful administration of anaesthetics. Care in keeping the patient warm and dry. Dry sterile dressings, with thorough covering during removal to bed.

Dr. J. D. Sternberg opeend the discussion. General discussion being by Drs. Pierce, Hyde, N. W. Jones.

The second paper of the evening was read by Dr. A. E. Rockey, viz: "Technique in Supra-Pubic Prostatectomy." The essential features of the operation are, full bladder, Trendelenburg position, short supra pubic incision, never exceeding 2 inches, even for very large glands, and usually 1¼ inches; short incision in bladder, using left index as a guide. The prostate collar is deeply incised with a pair of long, straight scissors. Glove is then placed on the left hand, two fingers in the rectum, raise gland, eneucleate separate lobes by index finger right hand, loose lobes then lifted from bladder by sponge forceps. Catheter placed in the urethra, and irrigation commenced at once; purse-string suture around edges of opening in the bladder, No. 2 chromic catgut. Second purse-string ½ inch from this, bladder thoroughly cleaned of clots, ½-inch drainage tube 3 feet long introduced. First purse string drawn up and tied, tube is then pushed

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down and second one drawn up and tied. Fascia closed with four interrupted iodized catgut sutures, catching the bladder to hold it against the abdominal wall. Ends of the purse strings left hanging out for drainage. Silkworm gut with loops around drainage tube, skin closed with silkworm gut, and fastened to drainage tube with safety pin. Irrigation continues to prevent clot formation. Irrigator holding several gallons fastened above bed, and ready for use before case leaves the operating table. Drainage must be continued until color disappears, then about four times a day for 15 minutes at a time. Advantages, dry beds, quick recovery, perfect results. Patients and specimens shown.

Discussion was opened by Dr. Hosmer.

General discussion by Drs. Whiteside, A. E. Mackay, Gilbert, Tucker, Hyde and Cole.

Cases in Practice Related by Members

Dr. W. B. Holden: Reports a case of brain abscess: Male 35 years. November 1 otitis media, left side, headache, photophobia, stupor, temperature 98 to 99½. Tenderness over base of mastoid. Leucocytosi 15,000. Nov. 2, chill, temperature 103, pulse 100, operation at once on mastoid, an extra dural abscess above tentorium, cerebellum was drained. Improvement for ten days. Word blindness, loss of memory for words, slow pulse, subnormal temperature, photophobia, inability to pass water, stupor, anorexia were the most important symptoms following the first operation. Thirteen days after said operation, original wound through skull was reopened and enlarged. Extra dural abscesses found healed. Dura bulged and showed diminished pulsations over left tempero-sphenoidal-lobe, Dura was incised, a groove director located an abscess of two or three drams capacity about ½ inch beneath the surface of the brain, tubular drainage for three or four days; recovery uneventful.

Dr. C. H. Hosmer: Reports a case imperforate anus or rectum, opening into upper posterior wall of vagina. Subject 1½ years old. Second child born with malformations, boy since born perfect. Operation eneucleated rectum from vagina. Made incision down through perineum, which, when completed, was very similar to complete rupture of perineum. Drew rectum down into normal position, stitching it carefully to surrounding parts, repairing perineum, etc. Result perfect, complete control of sphincter, and bowel with a well bodied perineum.

Miscellaneous Business.

Dr. Tucker said he, as Chairman of the Library Committee, would like to know what to do with the books now in the City Library, as well as the new books which have been delivered at his office. Shall they be brought to the new quarters, and if so shall there not be some one employed to specially care for them?

Dr. Whiteside moved that the House Committee be empowered to see what can be done toward moving the library to new quarters, making suitable provision for their safekeeping.

Dr. A. E. Mackay offered as an amendment, that Dr. Tucker be authorized to hold at his office all new books until a suitable provision can be made for same. Seconded and carried.

Adjourned.

ALAN WELCH SMITH,
Secretary.

The City and County Medical Society met in the rooms of the Commercial Club January 8th, 1908, and

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was called to order by President Hamilton.

Minutes of the previous meeting were read and approved.

Members present—Drs. Amos, Brook, Buck, Cardwell, Cottel, Dammasch, Ellis, Fessler, Holden, Hubbard, Hamilton, N. W. Jones, Koehler, Ray Matson, Herbert Nichols, Payne, Pettit, Sheldon, A. W. Smith, Story, Sternberg, Tilzer, Wells, Webster.

Proposals for membership—Dr. C. G. Sabin, graduate of Northwestern University, June 27, 1907. Recommended by A. E. Rockey and A. Tilzer.

Reading and Discussion of Papers.

The first paper of the evening was read by Dr. Geo. F. Koehler, viz: "The Natural History of Hyperchlorhydria, with Remarks on Diagnosis and Treatment," which will appear in the March issue of the Sentinel.

The second paper was read by Dr. J. A. Pettitt, viz: "Autointoxication in Disease," which will also be published later.

Discussion by Dr. J. F. Walls and N. W. Jones.

Cases in Practice Related by Members.—Dr. Sternberg reports having seen a case of smallpox last night and one of meningitis this afternoon; would like to know if these diseases are prevalent.

Miscellaneous Business.

The secretary read a letter from the Home Telephone Company in reference to rates; also resignation of M. C. Strickland, and letters from the A. M. A. in reference to the suppression of nostrums and proprietary medicines.

Dr. Tilzer said a great many physicians use proprietary medicines, and it would be hard to stamp out the practice.

Dr. Walls thinks it would be hard for druggists to compound medicines with the same degree of smoothness as are being daily placed upon the market.

Dr. Cottel thinks the danger is with the laity in readily learning the names of various preparations, and will sooner or later prescribe for him or herself. Thinks there should be a law to prevent druggists refilling prescriptions without positive orders from the physician.

Dr. Pettit said we are daily subjected to lectures in our offices by skilled salesmen, whose business it is to sell as much as they can of their special nostrums.

Dr. Amos thinks we should take some action in this matter. The president appointing a committee of Drs. A. Tilzer and Geo. F. Koehler.

Adjourned.

ALLAN WELCH SMITH,
Secretary.

A Card From Dr. Abbott.

January 8, 1908.

Editor Medical Sentinel, Portland,

My Dear Doctor: In a recent issue of your journal, in the account given of the recent meeting of the Idaho State Medical Society, Dr. Hinman stated that he knew personally of three deaths from the H-M-C anesthetic occurring at Davenport, Iowa. We have written to Dr. Hinman for information on this subject, but have received no reply. In the meantime we have written to physicians in Davenport, asking about the matter and also have sent an agent to investigate it, but we have been unable to find any ground whatsoever for this report. We are constrained to believe, therefore, that Dr. Hinman was mistaken and we ask you to publish this statement in your journal and ask your readers if they can give us any information going to verify this report.

Very truly yours,
W. C .ABBOTT.

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Book Reviews

Cosmetic Surgery. The Correction of Featural Imperfections. By Charles C. Miller, M. D. Including the description of a variety of operations for improving the appearance of the face. 136 pages. 73 illustrations. Prepaid $1.50. Published by the Author, 70 State St., Chicago, Ill.

There is today a field for skillful featural surgeons, and the author of this work has done the profession a service in offering them the results of his experience in this line. Some members of the profession are somewhat apathetic regarding elective surgery for the correction of those featural imperfections which are not actual deformities, but such apathy cannot prevent the development of this specialty. The illustrations are very interesting and valuable, and this little work will meet with approval for its suggestiveness, from those who purchase it.

The Practical Medicine Series, Comprising Ten Volumes of the Year's Progress in Medicine and Surgery. Under the Editorial Charge of Gustavus P. Head, M. D. Vol. X. Nervous and Mental Diseases. Edited by Hugh T. Patrick, M. D., and Charles L. Mix, A. M., M. D. Series 1907. Chicago: The Year Book Publishers, 40 Dearborn Street.

This, the last volume of the series for 1907 is especially valuable, as giving a summary of the most valuable contributions that have been published in the medical press, during the year, on nervous and mental diseases. The tendency of the age is towards an enormous increase of these diseases, and the practitioner is daily coming in contact with more and more cases of this character. This little volume will give him in concise form, the latest and best thought and information on this class of cases, and will be of the utmost value to him.

Gonorrhea, its Diagnosis and Treatment. By Frederick Baumann, Ph. D., M. D., Professor of Genito-urinary Diseases in the Reliance Medical College, Chicago. 52 illustrations. New York and London: D. Appleton & Co., 1908.

This well prepared little volume contains in a concise form much of value to the practitioner. The Anatomy of the Urethra, Pathology of Gonorrhea, Diagnosis of Gonorrhea, Varieties of Gonorrhea, Prognosis of Acute and Chronic Gonorrhea, Instruments used, General considerations of treatment, and other features of the treatment of this very prevalent disease, are discussed authoritatively, and definite directions given, the result of wide experience and long practice. It is worthy a place in the general practitioner's library.

A Text-Book of Clinical Anatomy. For Students and Practitioners. By Daniel N. Eisendrath, A. B., M. D., Clinical Professor of Anatomy in the Medical Department of the University of Illinois (College of Physicians and Surgeons), Chicago. Second Revised Edition. Octavo of 535 pages, with 153 illustrations, a number in colors. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $5.00, net; Half Morocco, $6.50, net.

The primary object of this book is to serve as a bridge for both the practitioner and student from the descriptive anatomy, as it is usually taught in the first two years of a medical course, to its daily application at the bedside, in the clinic or the operating room. The term "Clinical Anatomy" was first employed in

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the sense in which it is used in this book, by Dr. A. D. Bevan, to convey the fact that clinical anatomy is anatomical knowledge as applied to every branch of clinical work—that is, not only medicine and surgery in the narrower sense, but all the specialties. The author, while teaching this subject to third-year students, felt the need of a text book which should cover, not only the surgical but the medical portion of the subject. An attempt is made in this book to encourage both practitioners and students to examine the normal human body during life, to palpate and outline structures, and to study the relation of nerves, vessels and viscera, the knowledge of whose position is indispensable to everyone engaged in the practice of medicine. The details of anatomy are not taken up, since this book is intended for those who have finished the course covered by the standard text books on anatomy. The majority of the illustrations in this book are original. Many of the surface outlines were marked upon a normal artist's model and then outlined. This second edition has been thoroughly revised and a number of illustrations added.

A Manual of the Practice of Medicine. By A. A. Stevens, A. M., M. D., Professor of Therapeutics and Clinical Medicine in the Woman's Medical College of Pennsylvania. Eighth Edition, Revised. 12mo of 558 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Flexible Leather, $2.50, net.

In fifteen years, eight editions of this compact work have been called for by the medical reader. The last edition, now before us, is brought down to date, so far as present knowledge goes. The eighth edition finds the text thoroughly revised, and much new material introduced, and many articles, especially in the section dealing with Diseases of the Nervous System, have been completely rewritten. The work is decidedly valuable as an outline of Practice of Medicine, which can be enlarged upon by diligent attendance upon lectures, and critical observation at the bedside.

The Essentials of Medical Gynecology, According to the Eclectic or Specific Practice of Medicine in the Treatment of Disease. By A. F. Stephens, M. D., Cincinnati. Scudder Bros. Co., 1907.

In this work the subject of gynecology is considered from the standpoint of the medical practitioner. The treatment is based upon the Eclectic practice of Specific Medication. Where disease can only be relieved by surgical measures, the author has said so, and dismissed the subject, knowing that the surgical technic in gynecological practice has been fully set forth in the many textbooks now before the profession. The Eclectic physician should procure this work, and those who do not follow the Eclectic methods will find much in it of value in their treatment of diseases of women.

The Internal Secretions and the Principles of Medicine. By Chas. E. de M. Sajous, M. D. Vol. 2, with 25 illustrations. Philadelphia: F. A. Davis Co., Publishers, 1907.

There is a great deal of interest in medical circles, not in this country alone, in the discoveries of Sajous as a result of his labors on the ductless glands. This work is regarded as marking so great an advance in our knowledge of the functions of the ductless glands, that it is being translated into French by one of the greatest authorities on the anatomy and histology of these organs, Prof. Launois, of Paris. The crowning fea-

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ture of Sajous' work is the discovery of the process through which the body antagonizes disease by providing the blood what he terms its "auto-antitoxin." Sajous describes in detail all the diseases that are most fatal to mankind and shows conclusively that wherever cure had been effected by remedies, it was through agents which, by stimulating the organs referred to, increased the blood's asset in auto-antitoxin—the name given by him to the antitoxin which the body produces to antagonize disease. The most interesting discoveries of Sajous, perhaps, relate to the pituitary body. Located on the very top of the spinal column, immediately below the brain, protected on all sides with the utmost care, lies this organ. Sajous claims that the pituitary body in its relations to the functions of the body, is more important than the brain itself. Sajous calls this pituitary body the somatic brain, and he claims that it contains a delicate organ whose mission it is to protect the body against disease.

This volume is certainly of the greatest interest to the progressive physician and student, in that it amplifies the discoveries made by the author along the lines suggested.

A Text-Book of Physiology. For Medical Students and Physicians. By William H. Howell, Ph. D., M. D., LL.D., Professor of Physiology, Johns Hopkins University, Baltimore. Second edition, thoroughly revised. Octavo volume of 939 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $4.00, net; Half Morocco, $5.50, net.

The author has, in the preparation of this work, endeavored to keep in mind two guiding principles—first, the importance of simplicity and lucidity in the presentation of facts and theories, and, second, the need of a judicious limitation of the material selected. In the preparation of this edition, no fundamental change has been made in the arrangement or scope of the work. Additions and changes have been made with the object of keeping the presentation of the subject abreast of the times, but as far as possible the additions have been counterbalanced by the elimination of such material as could be spared. As one studies this book, he realizes that physiology is a growing subject, continually widening its knowledge and readjusting its theories. To emphasize this fact, as well as to add somewhat to the interest of the reader, short historical resumes have been introduced from time to time. The work is able, and has a place in the medical literature of the day.

International Clinics. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, etc. Edited by W. T. Longcope, M. D., Philadelphia. Vol. IV. 17th series, 1907. Philadelphia and London: J. B. Lippincott Co.

This last volume for the year has articles on Treatment, Medicine, Surgery, Gynecology, Genito-Urinary Diseases, Orthopaedics, Neurology and Otology. The articles are contributed by thirty writers of note, and the subscribers to this excellent quarterly publication will be more than satisfied with the publication of the year.

Diseases of the Genito-Urinary Organs and the Kidney. By Robert H. Greene, M. D., Professor of Genito-Urinary Surgery at the Fordham University, New York; and Harlow Brooks, M. D., Assistant Professor of Pathology, University and Bellevue Hospital Medical School.

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Octavo of 536 pages, profusely illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $5.00, net; Half Morocco, $6.50, net.

This work is the joint product of a surgeon and physician, and its authors seek to devote equal attention to both medical and surgical aspects of the diseases treated. The writers present a discussion of the more important disease conditions of the urogenital tract, taken from the standpoint of the general practitioner and surgeon. They have sought to incorporate such methods as they personally have found most practical and useful, all of which they believe may be successfully employed in the hands of any well equipped practitioner, familiar with modern medical and surgical technic. While the authors do not claim that the book is exhaustive of the topics dealt with, they have attempted to devote the greatest amount of space and the fullest description to those conditions and methods which have appeared to them to be of the greatest importance, or to those which, being of recent development may be presumed to be less familiar to the practitioner. More space is devoted to the urinary organs proper, and relatively less to purely sexual disorders. This is a valuable work, especially in these days when the practitioner is called upon so frequently to treat the diseases with which this volume deals.

Hospital Training School Methods and the Head Nurse. By Charlotte A. Aikens, late Director of Sibley Memorial Hospital, Washington, D. C.; Associate Editor of the National Hospital Record. 12mo of 267 pages. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $1.50, net.

In these days of inefficient training schools for nurses, where the chief provision made for the learner consists of plenty of free work, a book of this character is worth a great deal to the teachers who really desire to be honest with those who aspire to be good nurses. This book discusses some phases of the training school problem; suggests to workers in the field plans that have been tested; and gives definite help to those who are beginning the work of teaching and supervising in hospitals. Good text books dealing with nursing, the real practical bedside care of the sick, are plentiful; but literature is scant which deals with the subject of teaching and supervising. Not every good nurse can teach others to be nurses. This book will help the teacher who desires to become proficient, and it will certainly be of much value to all who are in any way dealing with the problems of the training school.

Diseases of the Nose and Throat. By D. Braden Kyle, M. D., Professor of Laryngology and Rhinology, Jefferson Medical College, Philadelphia. Fourth edition, thoroughly revised and enlarged. Octavo volume of 725 pages, with 215 illustrations, 28 in colors. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $4.00, net; Half Morocco, $5.50, net.

There are some things in this book that may seem superfluous to the specialist, but since the work has been prepared for the student and general practitioner as well, there is a necessity for this fullness and apparent repetition. The illustrations are made from specimens prepared by the author in his own laboratory, and the drawings are from cases under his immediate observation. In treatment the author has endeavored to be specific for definite conditions. While the doses may seem positive and even dogmatic, it is understood that the dose of the drug must be indicated

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by the symptom to be relieved. Considerable space is devoted to certain diseases which are somewhat rare, in the belief that when information is wanted on such subjects it is wanted to be full and complete. In this edition a number of new articles have been added; in many chapters alterations and additions have been made. The author has taken up each subject from a general standpoint and considered under diagnosis, pathology, and treatment all systemic conditions in their relation to the special diseases of the throat and nose, as the same general fundamental principles involved in general medicine are applicable to any speciality. A number of new illustrations have been added, and many of the old illustrations in the former editions have been replaced by new ones.

The Treatment of Fractures: With Notes Upon a Few Common Dislocations. By Chas. L. Scudder, M. D., Surgeon to the Massachusetts General Hospital. Sixth edition, revised and enlarged. Octavo volume of 635 pages, with 854 illustrations. Philadelphia and London. W. B. Saunders Company, 1907. Polished Buckram, $5.50, net; Half Morocco, $7.00, net.

The latest edition of this excellent work brings up to date all that has been contributed by the X-rays to an accurate interpretation of the physical signs of fracture. The greater certainty of diagnosis with the X-ray has suggested more direct and simpler methods of treatment; and these methods are fully described in this book. Many of the details in the treatment of fractures are illustrated. The author advocates mechanical simplicity, and his illustrations also point in that direction. In this edition, especial attention is directed to obstetrical skull fractures of the newborn, to fractures of the zygoma, of the malar bone, of the superior maxilla, of the neck and head and neck of the radius, of the neck of the femur, and of the carpal scaphoid. The book is published in the usually perfect mechanical style chararcteristic of the Saunders press.

Sorry to See It Go.—It is not a good thing for the profession that such independent medical journals as the Fort Wayne Medical Journal Magazine, should drop out of the profession, and its place be taken by the already well established state journal. Perhaps there are too many medical journals published. But, even so, there was a place for that at Fort Wayne which has given up the fight.

Writer's Cramp: What Is Is and How It Can Be Treated by the Family Physician.

S. H. Monell, of New York, believes that writer's cramp is the result of chronic fatigue of the muscles and should be treated as such. The poisons of combustion cease to be eliminated, and they enfeeble and irritate the muscle and nerve fibers, and this results in pain, heaviness, stiffness, and other symptoms. The treatment demands elimination of these toxic products, and this may be done by the radiant light bath, or the Turkish bath. Electro-therapeutics applied by an operator who understands the therapeutic actions set up in the tissues, the selection of the best means for this purpose, and who has the technical knowledge to apply them are of great value. The writer has employed galvanic and faradic, static and high-frequency currents with success.—Medical Record.

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Correspondence

A Street Car Suggestion.

Editor Medical Sentinel: My attention has just been caled to a novel way of bringing before the public valuable knowledge regarding tuberculosis, and I hope such a method may obtain for Portland.

It is this: In New York City, the New York City Railway Co. has on the face of all its transfers this sentence: "Look on the other side." On the back of said transfer is found this wholesome advice:

"Consumption in Early Stages Can Be Cured.

"Take your case in time to a good physician, or to a dispensary, and you may be cured. DO NOT WAIT.

"Consumption is 'caught' mainly through the spit of consumptives.

"Friends of Consumption—Dampness, Dirt, Darkness, Drink.

"Enemies of Consumption—Sun, Air, Good Food, Cleanliness.

"If you have tuberculosis, do not give it to others by spitting; even if you have not, set a good example by refraining from a habit always dirty and often dangerous.

"(Signed) The Committee on the prevention of tuberculosis of the Charity Organization Society.

"(By courtesy of Siegel, Cooper Co.)"

Possibly some mercantile house in Portland would pay for a warning much like the above, by adopting this same method of advertising as Siegel, Cooper Co. is doing, the street car system of Portland being our means for the diffusion of this prophylaxis and cure.

I do not know of a free dispensary (for the indigent sick) in Portland, but such patients might or should go to the Health Department for advice or care. I am much interested in this subject.

Very truly yours,

HARRY MERTON PAGE,

Class 1904, Harvard Med. School.
Freewater, Ore.

OBITUARY.

Dr. F. S. Koehler.

The death occurred on January 1st, at Nampa, Idaho, of Dr. F. S. Koehler, and the funeral, which was largely attended, took place on the 4th. Dr. Koehler was a member of the G. A. R., he having been an army surgeon through the Civil War. He was universally beloved by his neighbors. The funeral services were in charge of the local post of the G. A. R.

Mrs. Sarah Gertrude Maxey.

Died, at Boise, Idaho, December 19th, 1907, Mrs. Sarah Gertrude Maxey, of Caldwell, Idaho, wife of Dr. Wm. C. Maxey; also mother of Dr. Edward E. Maxey, of Boise, Idaho.

Mrs. Maxey was a faithful wife and mother for 41 years, aiding her husband in his long and eventful practice of medicine through 31 years. She was ready with a hot lunch, a cup of coffee, assisting in putting on wraps for a long, cold drive, and on return "a light was in the window for thee." Doctors alone can appreciate such devotion. She was buried at Boise, aged at death 62 years. The medical association contributed valuable flowers, a wreath, which told of their appreciation and sympathy.

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Extracts

A Dissatisfied Patient.

B. B. Griffith, in the Illinois Medical Journal, pertinently inquires, What should the doctor do when the patient is dissatisfied?

Go back of this question. Why is the patient dissatisfied? Dissatisfactions arise from misunderstandings. Misunderstandings from neglect and inattention. Never permit a patient to become dissatisfied. He who tries to please and satisfy every one makes himself artificial and does so at the sacrifice of professional dignity and self-esteem. Dissatisfaction with a physician's services usually arise from:

1. Results that are not satisfactory to the patient. Conditions not as were expected or desired.

2. Charges or fee asked being greater than anticipated. More than the services are worth.

3. Seeming neglect or inattention on the part of the doctor. The patient's ideal medical adviser and the every-day doctor may be widely separated entities. Often patients form erroneous conclusions as to the termination of sickness or operative procedures; if such are expressed, they should be immediately corrected and not permitted to be held. Be frank with the patient or some one who is close to him. Become a good listener. When patients who have been the rounds consult you, it might be advisable, by questioning, to learn the cause of dissatisfaction with former advisers and thereby avoid the shortcomings, in his estimation, of your predecessors. It is absolutely impossible for one physician to always obtain results that will be satisfactory to every one who consults or employs him.

Upon the financial part of the practice of medicine, directly or indirectly, has probably arisen most of the dissatisfaction on the part of patients; always when possible endeavor to have your patients informed as to your expectations in the way of compensation. Unfortunately we usually do not find out that dissatisfaction exists until the services have been rendered and a settlement is requested. Sometimes an explanation will be sufficient to satisfy, sometimes a reduction in the account becomes necessary, and occasionally the only way to do is to sue and obtain judgment. The latter course does not satisfy the patient, but is the only recourse the doctor has for securing compensation. Should evidences of dissatisfaction show up, or a suspicion of the same arise while services are being rendered, endeavor to learn the cause thereof at once, if you can consistently, without losing self-respect, remedy it; otherwise request an immediate settlement and dignifiedly retire from the case. Always endeavor to forestall misunderstandings. Deal with patients in a way that there will be no misinterpretation put on what you say.

La Grippe.

Influenza, grip, or la grippe, is raging in several cities of the United States, and Canada may soon expect to be invaded by the epidemic. Authorities have not yet definitely settled whether this rancorous enemy of the old and debilitated and rapid vanquisher of the robust is infectious or contagious. It is probably right to the mark to say it is both. It comes like a thief in the night and strikes down alike the strong and the weak, the rich and the poor. It is no respector of persons. Thousands fear

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it, especially those who are never strong, and who have before been prostrated by its crushing onslaught. It has been described by one layman as a disease "that it took you six weeks to get over after you were well," and by another: "The window was up, and in-flew-enza." Though only known to the present generation since 1889-90, it is grey-headed and long past the voting age. In Asia, that continent which report and history have assigned as the birthplace of many contagious diseases, it, too, is said to have been born. As early as 1173 A. D. it was known in Italy, Germany and England. Since then epidemics have occurred at varying intervals up to the time of the great pandemic of 1899-90. Now, any practioner, anywhere, can pick out cases whenever he wants to. But epidemics are different. Pfeiffer demonstrated the bacillus of influenza in 1892 in pus cells from the trachea, and the bacillus of Pfeiffer is pretty generally accepted as the cause. It is doubtful if any organ of the body is exempt from attack. Hearts have been demoralized and brains practically obliterated. The respiratory organs have been especially selected as almost the natural hunting preserves of the fell organism. Add to these three the gastro-intestinal system and the quartette is a formidable one. Per se it is not so deadly; the complications generally kill. Owing to this fact its pathology is practically nil. What has been found post mortem can be attributed to the complications. It is the "open door" to the streptococcus, the staphylococcus, the pneumococcus, etc. Such being the life history of la grippe, there is one particularly salient feature which presents itself most emphatically—prevention. Prevention of what? First, of complications in the person attacked; second, of transference to other persons. We wish to say a word about the second. It is a lamentable thing that in a disease which is either infectious or contagious, or infectious and contagious, that isolation is practically seldom or never carried out in influenza. This does not hitch up well with modern scientific progressive medicine. In some cases, of course, where people persist in walking out and doing business with the "goods" on them, not even under a physician's advice and care, but under "patent-medicine-in-their-pocket" treatment, not much can be accomplished in the way of prevention. But in others; in those cases brought to bed, here much could or might be done in the way of isolation and subsequent disinfection, to prevent further attacks in that household. Public medicine has not as yet grasped this situation; but we opine it is assuredly "up to" the doctor to begin to do something in the way of prevention in this exceedingly diversified and diabolical malady.—Dominion Medical Monthly.

Health Certificate and the Marriage License.

In Indiana, Michigan and several other states, as a result of agitation by social purists, laws have been enacted and are being enforced making it compulsory for the male applicant for a marriage license to present a certificate of freedom from venereal disease. It is a wise and just provision, and one worthy of enactment and enforcement in all the states. Just why the man only should submit to this exaction is not clear. Syphilis and gonorrhea are contracted in other ways than by venery, as has been abundantly proven. Or the intended bride may not be a virgin, and have venereal disease. In either case, the man is entitled to as much protection as the woman. It is true, they take each other for "better or

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worse," but society has a right to protect its interests, and the encouragement and enhancement of domestic happiness is one of society's prime duties.

And why stop at venereal disease? Tuberculosis in all its varied manifestations, chronic alcoholism and drug addiction, chronic nephritis, diabetes, grave forms of cardiac disease, exophthalmic goitre, the results in the female of osteomalacia and rickets, and many other conditions, are a bar to normal and healthy married estate, and the procreation and rearing of desirable offspring. Just how far advanced tuberculosis should be and what clinical symptoms should be considered as sufficient for official interference would have to be determined by mature deliberation. Certainly no person should be permitted to marry during the active stage with pyrexia. Drug addictions are now being classed as diseased conditions. Pelvic malformations as a result of osteomalacia and rickets in females, with the consequent difficult accuchement, are too well known to need enumeration. The danger of coitus in grave heart disease and exophthalmic goitre need but be alluded to; it is true, the sexual impulse is generally destroyed in these diseases, but attempts to gratify the mate may occur. And so the entire list of diseased conditions may be gone through.

Insanity is a bar to marriage, as no one of unsound mind can enter into any form of contract. But there are many forms of psychoses and neuroses that border closely upon insanity, in which, while the individual is responsible, he or she is certainly not normal. Here again a rather fine distinction may have to be drawn as to just where the state should interfere. The more gross lesions, as grand mal, chorea, locomotor ataxia, aggravated cases of hysteria, neurasthenia and psychasthenia, advanced cases of paranoia, and other allied conditions, should be well within the province of interference.

The state, however, should never prohibit marriage, no matter what the mental or physical condition may be, excepting always insanity and consanguinity. A law which would prohibit marriage would have one of two effects. Either it would become a "dead letter," as no law can be enforced which is not sanctioned by public opinion; or, if it could be rigidly enforced, illegitimacy would be the order of the day. The social vices would be fostered thereby, and the last condition would be worse than the first.

The following plan could be adopted: A commission of three physicians should be appointed by the probate courts in every county. Every applicant for marriage license must present credentials of health signed by the members of this commission before the probate court will issue such license. The applicants appear separately before the commission, and if upon examination he or she is found not up to the standard adopted, the applicant is so informed. If the disease is curable or amenable to treatment, the applicant is so advised and instructed when in better physical condition to return. If curable and the applicant still persists in marrying, the other party is called in and informed of the true state of affairs. If, after full knowledge of the infirmity of the intended marital partner, they both persist, a credential should be issued, but thereon shall be written the disease found and record kept by the commission. No divorce shall ever be granted on the grounds of the infirmity of either party which existed at the time of application for marriage license, as the marriage was contracted with full knowledge of such condition.

The far-reaching value of such a

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course is almost incalculable. The educational value alone would be full recompense for the efforts expended. Eugenics would soon be more than an abstract proposition. This matter is of great importance, not only medically, but socially and economically. It needs but be mentioned to appeal forcibly to the medical profession. Physicians, more than any other persons, daily see the folly of permitting diseased and infirm men and women to marry without even a warning. And who shall give this warning but the physician?

Collective Investigation.

When the management of The Journal of the American Medical Association has got through with its present avocation of vindictive faultfinding; when those marked for "slaughter" have been crucified, drawn and quartered; when the entire medical profession has been restricted to the use of U. S. P., N. F. and Council-approved preparations, and the manufacture of these restricted to the "great ethical houses" designated by the ring, there will still be a field and, we trust, some time for legitimate activity along lines that may be utilized for the benefit of the medical profession proper—the real man that does things.

One of the most obvious and necessary of these is in the matter of collective investigation. The Association Journal, controlling vast amounts of the money of the profession and sustained by its money, which should be used for its benefit and not to promote personal preferences and outside interests, is peculiarly "well fixed" to take up this matter. It is of the utmost importance. There is not a chapter of medicine, obstetrics or surgery in which obscurities and disputed points cannot be found, many of which could be cleared away, and the practice of the profession established on much more definite lines by accumulating and tabulating the experiences of physicans in every part of the country and in every walk of the profession, the concensus of this opinion from clinical experience being a much safer guide than any dog-kennel and bug-house theory.

Take any affection on the list, for instance malaria: We have never forgotten the comments of an old, experienced physician in the South, on one of the principal textbooks on the practice of medicine now in the hands of the medical students in most colleges. Perusing the chapter on Malaria, he said: "It is a mighty fine article, but the writer does not know anything about malaria."

This is true of many of the articles in most of our so-called "standard" textbooks. They are necessarily compilations. In few instances is an author able to deduce from his own personal experiences more than a very small percentage of the statements which he makes.

For this reason we see the authors of popular textbooks compelled, in subsequent editions, to make the mortifying admission that the statements they made in their earlier editions were mistakes, which have to be corrected by investigations made on these points, by special observers—men of experience. It would destroy the superstitious reverence in which the textbook and its author are now held by most medical students, if the latter really knew how little of the work was actually done by the writer or the compiler of the book, and how few of the statements made therein are based on his own personal knowledge and experience.

No matter how wise any one man may be, or how learned, or how discriminating, or how extensive his re-

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search and reading, he cannot possibly know as much as the entire medical profession put together. From time to time, detached and rather feeble efforts at "collective investigation" have been made. Two of these are now conducted by independent medical journals, one in The New York Medical Journal, and a less pretentious but even more valuable one in the "Round Table" of The Medical Standard.

Small as are these efforts, they are sufficient to indicate what would be the value of such a movement if extended to the entire medical profession of America.

The work is an enormous one, the compilation, comparison and selection of these reports would take the time of a numerous staff of competent men, and the utmost care would be necessary to prevent wrong being done by intrusting such work to men who were prejudiced, instead of giving it to those who would give a faithful picture from the material assigned to them. We know this is hard work. It's a whole lot easier to stand around and find fault with others—a heap easier to tear down than to build up, and perhaps more remunerative for the time being; but what is The Journal of the American Medical Association for, and for what better purpose are its large funds being collected, than for exactly such work as this?

Destructive work may be necessary, but there comes a time when the public wearies of it and demands that something constructive shall appear, to show that the operations are after all resultant in a net gain to the rank and file of the Association. The profession's money is being used and for it the profession will demand something more than instruction as to what the doctor is to prescribe and where he is to buy his goods. The pharmacist has had his inning, let his step aside now and give the clinician the floor, and if the present management of the Association's Journal isn't willing to do something for the members of the Association other than to trammel it—then—well, there are others.—Am. Journal of Clinical Medicine.

Andrew McFarlane, of Albany, N. Y., says that the aim of medicine should be the better understanding of mental abnormalities and the prevention of insanity, or of its passage into the chronic and incurable forms. At the present time insane hospitals are on so large a scale that the superintendent has not time to study the cases, and the medical care of the patient is suffering. The author believes that attached to every general hospital there should be a psychiatrical pavilion where careful study of the patients would be possible to the physicians in charge, and patients that were curable need never be sent to the asylum and bear the stigma of having been declared insane. The house-physician's position might thus be elevated and honor provided for the subordinate physician, who might be later promoted to the care of a general hospital. A careful study of the state care of the insane of late years by a competent commission might lead to a better plan for their care.—Medical Record, January 18, 1908.

When making digital pressure for the arrest of postpartum hemorrhage the aorta should be pressed directly against the spine with the ulnar side of the clenched hand. The pressure should be shifted over the area occupied by the aorta, so as to avoid any damage to the sympathetic nerve plexus.—International Journal of Surgery.

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Personal

Oregon.

Dr. W. C. Belt has removed to Sellwood.

Dr. Fred A. Lieuallen is now located at Adams.

Dr. W. T. Harris, of Eugene, was a Portland visitor last month.

Dr. A. E. King, of Antelope, made a trip to Madras last month.

Dr. J. T. George, of Creswell, was a Eugene visitor last month.

Dr. S. G. Hewitt, of Lostine visited for a week recently in Enterprise.

Dr. Wm. Horsfall, of Marshfield, was a Portland visitor last month.

Dr. T. J. Higgins, of Sumpter, was a visitor in Baker City last month.

Dr. Fred W. Whiting, of Elgin, was a caller in La Grande last month.

Dr. J. F. Reddy, mayor of Medford, was a Portland visitor last month.

Dr. Byron G. Monkman has been elected health officer of Hermiston.

Dr. E. L. Pages, of Oakland, attended court in Roseburg last month.

Dr. C. W. Edmunds, of Hood River, has moved into more spacious offices.

Dr. R. R. Hamilton, of Medford, was called to Applegate early last month.

Dr. E. R. Seeley, of Medford, came to Portland last month with a patient.

Dr. Willis B. Morse, of Salem, was in Portland the middle of the month.

Dr. A. L. Richardson, of La Grande, had an attack of tonsilitis last month.

Dr. M. K. Hall, of La Grande, was in Portland last month on a business trip.

Dr. W. S. Cary, of Dallas, has sold his interest in his drug store, and will devote all his time hereafter to the practice of medicine.

Dr. and Mrs. J. M. Kitchen, of Stayton, were visitors at Roseburg last month.

Dr. J. G. M. Luttenberger, of Pendleton, was a Portland visitor last month.

Dr. Pilkington, of Astoria, was on the sick list for a short time last month.

Dr. W. H. Booth, of Lebanon, was a visitor in Albany the middle of last month.

Dr. E. Klampe, of Ilwaco, was a caller on his Astoria friends last month.

Dr. and Mrs. F. E. Selover, of Eugene, visited in Portland early last month.

Dr. F. M. Day, of Eugene, was calling on his Portland acquaintances last month.

Dr. and Mrs. A. F. Sether, of Glendale, were visitors in Roseburg last month.

Dr. Sherman Loughridge, of Grants Pass, was a caller at Gold Hill last month.

Dr. T. W. Harris, of Eugene, has returned from his trip to California points.

Dr. C. T. Bacon, of La Grande, was called to Alice last month to see a patient.

Dr. W. W. Oglesby, of Cottage Grove, reports some smallpox at Junction.

Dr. M. J. Denney, of Portland, visited his parents, during the holidays, at Albany.

Dr. J. Prinzing, of Ontario, has been

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attending a trial, as a witness, in Ely, Nevada.

Dr. Waldo Lee Cheshire, of Eugene, was in Albany last month, calling on his friends.

Dr. G. W. Gregg, of Wallowa, spent the holidays with his family at Clarkston, Wash.

Dr. W. A. Trimble, of Portland, is recovering nicely from an attack of appendicitis .

Dr. and Mrs. O. B. Estes, of Astoria, last month entertained several friends from Seattle.

Dr. O. B. Miles, of Salem, made a professional trip into Yamhill county last month.

Dr. J. M. Holt, of Astoria, reports the bubonic plague as dying out at all coast points.

Dr. Floyd M. Day, of Eugene, was seen on the Portland streets the middle of January.

Dr. F. W. Whiting, of Elgin, was calling on his La Grande friends one day last month.

Dr. Walter Culin, of Coquille, will, during the coming year, look after the county poor.

Dr. W. L. Parker, of Baker City, went to Richland last month on a professional call.

Dr. and Mrs. R. O. Payne, of Ontario, gave a card party to their friends last month.

Dr. A. L. Richardson, of La Grande, was called to Cove last month on professional business.

Dr. O. M. Dodson, of Baker City, took in the Scottish Rite ceremonies at Portland last month.

Dr. F. M. Day, of Eugene, was in Portland last month, purchasing supplies for the new hospital.

Dr. Hugh Logan, of The Dalles, visited his son, Dr. Raymond W. Logan at La Grande, last month.

Dr. and Mrs. A. A. Finch, of Astoria, gave an annual house party at Seaside on New Year's day.

Dr. Robt. T. Boals, of Tillamook, was married during the holidays to Miss Clara Tohl, of Nehalem.

Dr. Warren L. Cameron and family, of Medford, visited for a few days last month on the Applegate.

Dr. and Mrs. Chas. E. Hawk, of Portland, visited Dr. Hawk's parents at Harrisburg early last month.

Dr. R. R. Hamilton, of Medford, was called to the Blue Lodge mine in a professional capacity last month.

Dr. Harry A. Start, of Portland, was married during the holidays, and went on a wedding tour to Eugene.

Dr. V. H. Mohn has left Astoria, and has gone to San Diego, where he will make a specialty of tuberculosis.

Dr. C. T. Bacon, of La Grande, was a Portland visitor last month. He went from Portland to San Francisco.

Dr. J. P. Meyers, of Union, has been appointed county physician and secretary of the County Board of Health.

Dr. O. M. Dodson, of Baker City, is proud of four hounds that he owns, which make a specialty of killing coyotes.

Dr. A. C. Seely, of Roseburg, suffered from some indisposition last month, as a sequence to his operation for appendicitis.

Dr. August C. Kinney, of Astoria, who has been in Europe for a short time, has returned, and last month was in Baltimore.

Dr. H. M. Shaw has returned to Ashland, after an absence of six

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months in Nova Scotia, New York and other Eastern points. The Doctor was accompanied by Mrs. Shaw.

Dr. E. W. Barnes, an aged practitioner of this state, was seriously injured in Portland by falling on the deck of the steamer Alliance.

Dr. L. G. Altman, of Salem, had a visit at his home from burglars last month, and these light-fingered gentry got away with some valuable jewelry.

Dr. W. D. Wood, of Hillsboro, county health officer, has been looking after an attack of membraneous croup in his district, and has ordered some of the schools closed.

Dr. Frederick A. Kiehle has taken offices in the Corbett building, Portland, and will be associated with Dr. J. C. E. King. Dr. Kiehle's specialty is eye, ear, nose and throat.

Dr. C. B. Smith, formerly of Eagle Creek, is at present residing in Portland. The Doctor is seriously ill with brain trouble at his home, No. 472 East Pine. His many friends hope for his early recovery.

Dr. and Mrs. A. C. Panton, of Portland, have returned from their trip abroad. They were gone five months, and Dr. Panton said on his return that he saw no country that pleased him as much as this.

Dr. W. L. Wood, of Portland, writes that he has been having an enjoyable time in Rome and other Italian cities; that he had a pleasant trip over, and is now on his way to Berlin and other German points for purposes of study.

Dr. C. J. Smith, of Pendleton, writes from Europe to his partner, Dr. Temple, stating that it was his intention to reach Athens about February 1st, and thence would go to the Holy Land. After visiting in Egypt, he and his party will return to Europe and spend some time in Berlin. He expects to return to Pendleton about May next.

Washington.

Dr. O. L. Adams has moved from Sprague to Davenport.

Dr. E. S. Clark, of Sumas, was a visitor in Bellingham last month.

Dr. J. M. Corpening, of Harrington, was a Walla Walla visitor last month.

Dr. Geo. A. Rohrer, of Spokane, has purchased some new residence property.

Dr. John Benson, of Colfax, was on the sick list for a week during January.

Dr. Semple, of Medical Lake, was called to Harrington last month in consultation.

Dr. Wm. B. Wells, of Hoquiam, was in Oakville last month, on health office business.

Dr. O. A. Dudley, of Boston, has associated himself in Sprague with Dr. E. C. Hamley.

Dr. John A. Mapes has moved from Aberdeen to Toppenish. His family is still at Aberdeen.

Dr. and Mrs. A. S. Austin, of Aberdeen, were in Portland during the middle of last month.

Dr. I. R. Woodward, of Payette, attended a meeting of the Commandery at Weiser last month.

Dr. J. F. Hall, who has practiced medicine for ten years in Albion, has removed to Spokane.

Dr. J. A. Balsinger and family, of Colfax, spent the holidays with relatives in Ione, Oregon.

Dr. J. T. Edward and wife, of Wilbur, attended a Masonic entertainment in Creston last month.

Dr. and Mrs. H. P. Marshall, of

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Pullman, spent several days in Spokane, the first of the year.

Dr. Allen Bonebreak, of Goldendaie, was a Dalles visitor last month to consult with Dr. Geisendorffer.

Dr. John Snider McElvain and wife, of Anatone, were calling on their friends at Clarkston last month.

Dr. F. A. Bird, of Kelso, went to Olympia last week and took a few degrees in Scottish Rite Masonry.

Dr. G. R. Bice, formerly of Iowa, has located at Connell, having bought out the practice of Dr. Jos. P. Gallagher.

Dr. Nathan L. Thompson, of Everett, was married early last month, at Hammond, Ind., to Miss Flora Merryweather.

Dr. and Mrs. H. E. Henderson, of Seattle, visited during the holidays at the home of Dr. Henderson's parents at Bellingham.

Dr. T. O. Boyd and wife, of Twin Falls, have returned from their trip to Los Angeles, and the Doctor has resumed his practice.

Dr. R. L. Thompson and wife, of Spokane, were in Pullman last month, the doctor having been called in consultation with a local physician.

Dr. Wm. H. Baugh, of Shoshone, is a director of the Commercial and Savings Bank of Hailey, a meeting of which he attended last month.

Dr. J. B. Eagleson, of Seattle, has been named by Gov. Mead as a delegate from Washington to attend the council on medical education of the A. M. A., which will meet in Chicago on April 13th.

Idaho.

Dr. J. R. Numbers, of Weiser, visited his son in Moscow last month.

Dr. Wm. A. Adair, of Moscow, visited friends in Grangeville last month.

Dr. H. W. Clouchek, of Twin Falls, was unexpectedly called East last month, where he stayed two weeks.

Cuba is moving forward politically, economically, and industrially. There is no doubt of that. Under American direction the work of improvement has progressed solidly. The idea of a $5,000,000 wagon road, conceived by General Wood, has been already applied, and the great road is steadily progressing toward completion. This thoroughfare will open up a great artery of wagon communication by macadamized road, good in any weather, from one end of the island to the other. While from a military point of view this is a most highly important work, assuring Havana government a military base of operations within forty miles of any point of the island and always accessible by wagon train, its chief value will be to open up access to market for many thousands of square miles of fertile land at present of no agricultural value, because their products cannot be profitably carried to market. Of prime importance has been the nationalization of sanitation in Cuba. This has already resulted in actually stamping out the yellow-fever pest and in greatly reducing all the other "mosquito diseases," a condition once before achieved during American intervention, but allowed to lapse. Making sanitation a national matter has also provided the machinery, funds, and supervision necessary to render this improved condition permanent. Hereafter the health of the Cuban people will be a matter of constant care on the part of the central government of the island.—From "The Progress of the World," in the American Review of Reviews for February.

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MEDICAL SENTINEL

MARCH
1908

Volume XV **Number 3**

Notes

The next meeting of the Washington State Medical Society will be held at Walla Walla on September 1, 2 and 3.

The physicians and surgeons of Benton County, Washington, have organized a Medical Association. It is the intention to hold monthly meetings for the discussion of matters interesting to the members.

The Mayor of Grants Pass recently made a strenuous fight against the allowance of a bill of $20.00 for a year's service as city health officer by Dr. Love. The City Council, however, was unanimously against him.

It is highly gratifying to see the large amount of space given by the Seattle daily papers to the fight being made in our neighbor state against tuberculosis. The public of Washington are certainly being educated on the subject.

Dr. F. H. Brandt, of Boise, Idaho, has been warning his community against the danger of diphtheria being communicated to his patients by dogs. It is claimed that in one family in that city a child has contracted the disease from a pet dog.

The Board of Health of Spokane have decided that hereafter all employees in cracker and candy factories shall have a medical examination twice a week. This action is deemed essential to the preservation of health while there are contagious diseases in the city.

Our neighbors in Washington seem to have taken hold of the business

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of establishing a sanatorium for the treatment of tuberculosis with a will. One family has subscribed $40,000 for the purpose, conditioned upon a like amount being raised from other sources. The citizens of Seattle, impelled to act by a committee of physicians, have been most active, and it is very certain that the institution will be made a success.

Dr. Mary Thompson, of Portland, has the distinction of being the oldest member of the Portland Woman's Club, and she is proud of it. Her birthday was celebrated by the club last month, and she had a very cordial reception. Dr. Thompson crossed the plains forty-one years ago, and has lived in Portland ever since. Although she has not practiced as a physician for some years, she takes a lively interest in all that interests the profession.

The secular newspapers that can answer each other's statements and arguments every day, must be left to discuss the matter of the death rate of Portland and Seattle. The Portland papers claim the lowest for their city; the Seattle papers go them a few decimals better. Both cities seem to be as low as can be reasonably asked—below 9 per thousand of population. But the greater the population is estimated, the lower the death rate will appear, for the number of deaths is fixed, while the estimates on population are wonderfully elastic.

The monthly bulletin of the Oregon State Board of Health takes issue with a publication called the Oregon Osteopath, which asserts that "vaccination for smallpox and anti-toxin for diphtheria are on a par—both relics of barbarism." The Bulletin, after investigation, has ascertained "that this magazine is not the official organ of the osteopathic physicians throughout the city or state." The State Board of Health expresses a hope that the osteopathic society of the state will repudiate the statement made by the paper, which seems to desire to pose as the organ of the osteopaths.

As our readers are probably aware, the postoffice department has recently made a new rule, under which publishers will not be permitted hereafter to continue sending their periodicals out at second-class rates unless subscriptions are paid up. It appears that a magazine like the Sentinel must be able to demonstrate to the postoffice authorities that its subscribers are none of them more than four months behind with their subscriptions. While a very large percentage of our subscribers have their subscriptions paid up in advance, yet it must be confessed that there are some who are a little slow. This column is not the proper place to urge the payment of subscriptions, but we may, perhaps, be excused from mentioning here this most interesting ruling of the postoffice department.

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Editorial Notes

The Sample Evil.—Enough attention is not paid in some of the northwestern towns to the practice patent medicine distributors have of sowing samples broadcast on the doorsteps of the people. In some cities ordinances exist against this practice, but elsewhere the public sentiment has not been sufficiently stirred to enact local legislation against it. Pills, powders and herbs are frequently scattered over the porches and doorsteps, and, because of the brightness of the preparations and their aromatic flavor, children regard them as candy, and do themselves great injury by eating them. Such drugs as acetanild, morphine, cocain and strychnin, are contained in many of these preparations, deftly concealed beneath the sugar coating. Perhaps if we had women in our city councils, they would take more interest in preventing this evil than is now taken by the men, who, presumably, have things of greater moment to discuss and consider.

Combatting Tuberculosis.—The suggestion made by Dr. Elmer E. Heg, secretary of the Washington Board of Health, as to the best way to combat the spread of tuberculosis, is an excellent one, and it applies to Oregon and other states, just as well as to the state of Washington. He says that the campaign of education should start with the physicians. If the state authorities had a complete registration of all cases of tuberculosis in the state, literature could be sent them telling them how to protect themselves and other people. He adds: "At present the State Board of Health requires the registration of all diseases, but we can't enforce our rule. We are short of money and the physicians do not co-operate with us. The campaign of education should come first, not only through the Washington Association for the Prevention and Relief of Tuberculosis, but there should also be an official campaign of education waged by the state. The State Board of Health at present furnishes literature to health officers, but it is not distributed by many of them. As many deaths occur each month as there are cases reported to us. This shows that the cases are as a rule not reported until the patient is in the last stages of the disease . Every tubercular patient is a danger and a menace to the safety of the public, until that patient learns to take care of himself. After that he is no longer dangerous to those with whom he comes in contact. Since the State Board of Health put the registration of disease rule into effect the first of last July, we have learned how this state stands in regard to tuberculosis. In the majority of states where diseases are registered one out of nine deaths is due to tuberculosis. In Washington one out of twelve deaths is caused by this trouble. These figures are not perfectly accurate, though statistics are becoming reliable. Treatment of consumptive patients at home is the best, if the patient and the members of his family are properly educated how to handle the disease."

Dr. J. N. McCormack at Home.—Portland physicians have cause to remember very clearly the visit that was paid to them by Dr. J. N. McCormack in 1905. He is a very charming gentleman, possessing true Kentucky manners; suave, pleasant, with a flow of language that is enviable. He has been making an excellent living for several years by working his wits. He gives the sort of talk that a great many physicians of the coun-

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try like to hear. Perhaps when he gets away from them he writes facts and fiction that do not please them so well. Oregon people know how this is, for they have had some experience with the gentleman.

Somehow in this world the common run of humanity expect that the preacher shall be fairly exemplary in his conduct; the teacher should be a student; the temperance orator should not be addicted to over-indulgence in liquor, and so on, all along the line. Dr. McCormack has much to say in his nice talks with his audiences about general good behavior of man to man. He tells of the brotherhood of man; of the duty we owe to our neighbors, and gives some excellent hints on the way we should behave so that we may improve things in this world instead of making them worse.

In view of the life work of the Doctor, which seems to be along these lines, it is astonishing to read of his recent episode in court in his home town. He is owner, with his brother, of a building in Bowling Green, which the health officials got after, because of a nuisance created thereby. A certain deposit of filth and excrement was contrary to the laws of the city. The McCormacks were warned three years ago and since by the local board of health, but the warnings were ignored. Suit was started, and when the proceedings were ready before the judicial authority, the defense flashed a paper before the prosecuting officers, signed by Governor Beckham, pardoning the defendants, even before the case was proved or disproved. The pardon was a most insolent thing to present to the magistrate before whom the case was being brought—insolent on the part of the governor, and equally insolent on the part of the McCormacks. Happily there is a new governor in Kentucky now, who probably is not in a condition to be pulled into line as Gov. Beckham was. But one would like to ask what sort of man Dr. McCormack is in his home town, as a private citizen, as an observer of the common decencies of life, and as a citizen in a state where laws are presumed to be observed, especially laws that relate to the public health?

Health Officers' Good Work.—It is gratifying to see the energy with which the health authorities of Portland swooped down, a week or two ago, on a miscellaneous lot of left-over luggage belonging to a railroad company, which was about to be auctioned off. Most of it consisted of blankets that had done duty in all places and weathers; that were reeking with germs of all dimensions and characters foul beyond description, but for the sake of the few dollars they would bring, they were to be sent adrift again, to scatter whatever evils they might possess among the unthinking purchasers. The quick action of Drs. Pohl and Yenney resulted in a large and warm bonfire. While the health authorities are in the business, it would give them an interesting experience to waltz over to Third street, Portland, in the vicinity of Burnside street, and go into some of the employment bureaus there, when they are overcrowded with scores of working men looking for jobs. Or they might take a look around some of the "workmen's hotels" in the same region, where beds are obtainable for the small sum of a nickel, and there breathe the air that is served up warm to the inmates. After getting a whiff of some of these places, one realizes what tremendous resistive power the human race has against the evil odors that daily beset it by day and night in the haunts of so-called civilization.

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THE MEDICAL SENTINEL

HENRY WALDO COE, M. D. Editor
PORTLAND, OREGON

With the Collaboration of the Officers of The State and District Medical Societies of Oregon, Washington, Idaho, Montana and Utah

Address all communications regarding papers, subscriptions, advertising or business matters to the MEDICAL SENTINEL, Marquam Building, Portland, Oregon

THE POINT OF VIEW

The point of view from which the physicians of the land view the situation as regards quackery, is different from that occupied by the general public, members of the state legislatures, and the business departments of the newspapers. This fact accounts for the reason why the public pours its money into the coffers of the quacks; why the state legislatures are so inactive in passing laws regulating medical practice, and why the newspapers are willing to take advertisements, and give the sure-cure individuals an opportunity to present their stories to the public. In Portland there has been some little public feeling worked up of late, on account of disclosures at a "medical institute," where a young woman had a criminal operation performed, followed by her death. One individual connected with the occurrence has been fined heavily, and others are in hiding, with local prosecuting authorities apparently not very earnest in their endeavor to find them. But the ministers of the city and the local medical society have acted in concert, and it looks as though something might be done to rid the city of the criminal quackery blight that has hung over it.

The attitude of the public generally regarding such matters is one of lamentable indifference. This indifference is reflected very largely in the city councils, and shown therein when an ordinance is introduced calling for suppression of quackery. It is also reflected in the legislatures, when bills are introduced making it less easy for unlicensed physicians to ply their trade, and by extravagant statements lure the money of the suffering from their pockets. Legislatures dally with osteopathy, Christian Science, naturopathy, chiro-practics and any other medical ism that is represented by mouthy orators, male and female. The point of view of the scientific physician, who knows some things, and is aware of his ignorance of some other things, is foreign to the mind of the average legislator. Those states that have managed to secure good laws have secured them, not because of the superior wisdom or good sense of their legislators, but because there appeared

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at the proper time men of tact, perseverance and ability, who were able to guide through the shoals and rocks of legislation, the sane laws which finally found their way on the statute books.

The newspapers which exploit the advertising charlatan in their columns, do not intend to work an injury to the public. The editors and business managers of these papers are above the average man in intelligence and regard for the public weal. Their point of view is simply different from that of the physician. They derive a large part of their income from the advertising that goes in their columns. It becomes almost a matter of second nature for them to look upon a trade or profession which sets its face against advertising, as being, to say the least, peculiar. If any members of such trade or profession advertise, contrary to the general ethics of their fellows, the newspapers are likely to regard such advertisers as being possessed with superior sense and enterprise. On the eminently able editorial page of the Oregonian, for example, we find the following reference to the fact that physicians disapprove of the profession advertising: "One may venture to say that physicians are not absolutely disinterested in their denunciation of all who advertise as physicians. Persons who advertise as physicians 'hurt business.'" The same editorial admits that "there is an abominable class of criminal practitioners who ought to be hunted down. But is the practitioner who advertises necessarily of that class?" The advertising instinct which is found in the newspaper office asks this question. The physician in good standing with the great body of the profession answers this question unhesitatingly by stating that the "physician" whose advertising is to be found in the display columns of the newspapers, appealing especially to the public on the "no cure no pay" plan, should be suppressed.

Let the layman who is in doubt on this entire subject look over the men who meet every two weeks at the meetings of the local medical society; let him size up the men composing the state society, and the national society, and realize that they all believe most strongly that it is against public policy for physicians to advertise in the periodical publications. Surely these men, who have given the matter serious thought, are worthy of the utmost consideration. Get into a room the men and women whose blatant advertising is to be found in the newspapers of the day, and look them over. They are prepared to justify their position. Who would the unbiased layman, acting as a juryman on the question, believe?

The problem confronting the profession today is—how can the public, the newspapers and members of the various state legislatures be brought to the point of view of the great body of scientific medical men of the day? This is the paramount question to be discussed.

SUGGESTIONS ON PROPRIETARIES

The very able gentlemen who are making worthy proprietary medi-

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cines for the use of the medical profession, are considerably exercised over the methods of the Council of Pharmacy and Chemistry, attached to the American Medical Association. Wholesale denunciation, with magisterial dignity, greets many a manufacturer in his morning's mail, notwithstanding the fact that the formula may be printed on the outside of the package, and, too, notwithstanding that in the same mail come letters from physicians and surgeons far and near, telling how beneficial in practice the preparation in question has proved to be. Perhaps this is all right, and in the interest of the public and the profession; and perhaps it is not. Perhaps it is right that every preparation that our magisterial friends denounce should be placed on the index expurgatorius by the practicing physician; but, again, it may be that it should not. The suggestion is made that the bedside or the doctor's office is a better place to test some of these preparations that many physicians swear by, than the laboratory of the pharmacist or chemist; that the living patient's anatomy is better than a test tube to demonstrate their value; that a physician familiar with the physiological, biological and pathological processes, and possessing the experience in determining the effect of medication upon his patients is a better judge than a pharmacist, however learned he may be in incompatabiles.

If it were a fact that the proprietary medicines not made in Germany, which have met with the denunciation of the Council, were merely empirical; that their use was a continuation of empiricism, then indeed would it be in line with progressive methods to denounce them. But this is by no means the case. Many preparations that are on the list for exclusion from the pharmacopia are duly labeled with their formulae, and according to well recognized rules, known to the practicing physician, they can be depended upon to accomplish certain results under certain well known conditions. No combination of drugs can be prepared by the average druggist that will give exactly the same result, and the interests of the patient demand that the prescription shall contain these particular medicines.

The Council of Pharmacy and Chemistry has done much that is good, but in some matters it has sadly over-reached itself. The rank and file of the medical men of the country will not permit their regular routine among their patients to be controlled by a Council that has an abundance of theory but not much practice to commend it; that has set before its eyes an ideal impossible and even undesirable of attainment. There is an abundance of work for this Council to do along well recognized lines, and, considering the extraordinary fact that there is no practicing physician in its membership, it would save itself some mortification if it would confer with active medical men who are out in the world, mixing with the sick people of the earth. Some very interesting information might be obtained by doing this, which would render their services much more valuable from a practical standpoint than it is possible for them to be now.

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POST GRADUATE WORK AT HOME AND ABROAD

With Special Reference to the Work of the Specialist

By ROBERT L. NOURSE. M. D.
Boise, Idaho

Read before the Idaho State Medical Society, October 3, 1907

Having recently spent one and one-half years in the Eye, and the Ear, Nose and Throat clinics and hospitals of Europe, preceded by a winter in New York in the same line of work, it was suggested to the writer by the president and several members, that some account of his observations and experience would be of interest to the society. This must serve as my apology for presenting a paper of other than scientific value.

Naturally, my remarks, like my experience, must be largely confined to the special lines of work indicated, though I trust there may be something in what we have to say that will interest those working in other lines, since the opportunities afforded for post-graduate work in the various medical centers of the world are more or less similar in the different departments of medicine.

The question of where to go for certain post-graduate work is at times a perplexing one, and it is the common experience and statement of those who have worked abroad that a second trip could be made for less expense and at greater profit than the first.

In New York the opportunities afforded for work in the eye, and the ear, nose and throat are fairly well divided between The Post-Graduate Medical School, The Policlinic, The New York Eye and Ear Infirmary and The Manhattan Eye, Ear and Throat Hospital.

Excellent work is done in each of these institutions, by excellent men, but each leaves much to be desired from the standpoint of the seeker after knowledge, along these special lines.

At the Post-Graduate and the Policlinic good instruction, clinical and didactic, is given by men eminent in the profession, and nowhere else in the writer's knowledge, is the work of imparting post-graduate knowledge so well organized and systematized, and conducted so much along business lines, so far as that goes; or, to put it otherwise, is the art of teaching medical practitioners made so much a matter of business.

But the greatest trouble with these institutions, as with others of like nature, is the comparatively limited amount of clinical material in any given line, the large number of students in the classes, and the lack of opportunity and privilege of personally examining the patients.

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The patients are brought in, examined and condition diagnosed by the surgeon, and treated by him, accompanied, of course, by explanatory remarks and comments. This is all well enough in its way, but personal contact with the patients themselves, for the purpose of studying the conditions at close range, is nearly, if not quite, out of the question. While this privilege is exceedingly desirable in any branch of medical science, it is especially so, in fact, absolutely necessary in ear, nose and throat work, since we have not yet learned to see through other men's eyes.

Another drawback is that, to one specializing, the number of hours daily devoted to his line are too few, in fact wholly insufficient.

At the special hospitals, like the Infirmary, and Manhattan, the clinical material is, of course, much more plentiful in this line, though there is little or no effort made to use the material for teaching purposes.

In these hospitals the number of students is not so large, and provided one can, by personal influence of friends or otherwise, get into the good graces of some of the attending surgeons (as was the writer's good fortune at the Manhattan), he may be allowed to act as a sort of unofficial clinical assistant, and in that way personally examine and treat a share of the patients. Otherwise, the opportunities consist largely in looking over the shoulders of the surgeon as he treats and examines his cases, listening to his occasional comments, and in asking his questions, which, as a general rule, are courteously answered.

One may, of course, also watch the operations if he is prompt and gets a point of vantage. He may likewise accompany the house surgeon on his rounds of dressings and follow up the subsequent course of operated cases.

If one is youthful, and without previous experience, an interneship in one of these hospitals is a good thing, but to others the office presents little that is attractive.

All this is, of course, profitable, and one may in time, if he is diligent, acquire a considerable fund of knowledge, depending in a measure upon his powers of absorption.

But it does seem a pity that more extensive use is not made of the plentiful material and facilities at these large special hospitals for the imparting of knowledge to those who are so eager to receive it, and who are yet compelled to go abroad to get it.

The wholly inadequate and half-hearted way this want is met, and the vague, abstract reasons advanced by the staff surgeons of these hospitals for the failure to do so, leads one to entertain the belief that they have little desire to extend the knowledge which their special privileges enable them to acquire.

We sometimes hear the statement that "as good post-graduate work can be had in America as in Europe." I think that no one who is familiar with the opportunities afforded on both sides of the "Big Pond," who is fair in his judgment and unbiased by patriotic or other motives, will concur in that assertion.

That we have, on the whole, better hospitals, and probably as good men in this country, we shall not gainsay. But that we make so good

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use of our facilities and clinical material for teaching, or that our leaders in the profession are so willing to teach, we cannot for a moment agree.

The reasons for the superiority of European clinics are not far to seek. In the first place, the impelling motives of continental medical men are not quite the same as in this country. They are less imbued with the spirit of commercialism, and more with the spirit of science and of teaching. Again, the national laws there are more favorable to hospitals and surgeons, and less favorable to the success of damage and malpractice suits than in our country.

A final, and perhaps one of the chief reasons, is found in the racial and temperamental characteristics of the people themselevs.

In this country the indigent patients applying for treatment in public clinics bear far less resemblance to "clay in the potter's hands" than do their European prototype. They are much less stoical and submit much less willingly to the same freedom of examination and operative treatment.

The operative eye work done at the Manhattan by Doctors Edgar Thompson, Van Fleet and Lewis is as good as I have seen anywhere.

The method of advancement of recti muscles for correction of squint, in use at this hospital, is the best I have seen. Tenotomies for this condition has been all but abandoned in favor of the advancement operation.

Refraction work at this institution is disappointing, since it is mostly absorbed by young assistant surgeons on the staff. Very fair opportunities, however, in this line, may be had at several of the other general hospitals, as the St. Bartholomews, DeMilt Dispensary, etc. I have not mentioned Prof. Knapp and his institution, though there is no American ophthalmic surgeon better known in Europe than he.

Philadelphia, as an ophthalmic center, is quite on a par with New York, if, indeed, it does not excel it. One has but to mention the names of De Sweinitz, Oliver, Gould, Posey, Thorington, Fox, Sweet and others to establish that fact. In Europe, De Sweinitz is one of our most frequently quoted men, and if Thornton is not a pastmaster in refraction, I have yet to meet one.

The Philadelphia Policlinic affords similar opportunities to those to be had in New York. Twice yearly, an "Eye Week" is given at this institution, which is very good, and well attended.

Wills Eye Hospital also affords advantages equal to any in New York. The Philadelphia eye men are known as the "Mydriatic School," because of their strong advocacy of the use of mydriatics, or rather cycloplegics, in all but the simplest cases of refractive error.

On going abroad one should have a clear idea as to what he wants, and the best place to get it. If he plans to work both in England and on the Continent, he will do well to follow the advice given the writer by Dr. Charles Oliver, of Philadelphia, to go to the Continent first, and stop in London on his return.

In Berlin, where our first work abroad was done, one finds much of interest. It is quite the custom there for men who aspire to give post-graduate instruction to maintain and conduct private clinics for

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ambulatory patients. These private clinics for the poor are a unique feature of continental practice, and seem to be very successful there, though they do not exist in England, so far as we could learn, and have seldom proven satisfactory in this country.

The fees paid by students help to make the enterprise self-sustaining, while it gives the surgeon ample clinical material for experimentation. At the same time he is unhampered by rules and restrictions of hospital governing boards, and may do pretty much as he likes with the patients.

Into these clinics students are received, sometimes singly, sometimes in classes of six to eight. It is also frequently possible to get on as assistant, if one knows the language, and intends to remain a sufficient length of time.

We reached Berlin just in time to get into the last course in laryngological diagnosis given by Prof. Krause, one of the best known and most skillful men in his line in the world. He was laryngologist to the present, as well as to the former, German Emperor. Prof. Krause has since retired and gone to live in Florence, Italy.

Docent Gustav Bruhl, a former assistant of Politzer's, gives a good course on Clinical Diagnosis of Ear Diseases, at his private clinic.

Dr. Max Halle has a very good ear, nose and throat clinic. He does not give stated courses, but receives sttudents at any time for any period. His work is purely clinical, excepting for a weekly lecture on the anatomy of the nose and accessory sinuses.

Dr. Halle is the only man in Europe who is opening the frontal sinus by way of the nose, for suppuration of that cavity. He does this formidable operation by means of drills driven by electric power, and under cocaine anaesthesia only.

After removal of the anterior half of the middle turbinate bone, he introduces a sound into the frontal sinus. This is followed and substituted by a flat guide to act as protector. The drilling is then done anterior to the guide, until the sinus is reached.

It is certainly a most risky and dangerous operation, and his critics are numerous and severe.

Dr. E. Fletcher Ingals, of Chicago, is the only man on this side of the Atlantic, so far as we kow, who is doing the same or similar operation. Dr. Halle maintains that once free drainage of these accessory cavities is secured, the respiratory air tends to whip dry the cavity and to favor spontaneous healing of the diseased mucous membrane.

Prof. Jansen is one of the most noted ear, throat and nose surgeons of Europe. He maintains a private ambulatory clinic in one part of the city, and a large, beautiful private hospital in another. Here he operates daily from 9 A. M. to 12. His mastoid and sinus work is truly wonderful. He commonly finishes his bone work with the electric drill, and, like many Continental surgeons, closes skin incisions with metallic sutures or clamps.

After Berlin, our next work was at Freiburg, in the edge of the Black Forest of Southern Germany. It is an attractive city of perhaps 100,000, and the seat of one of the oldest German Universities. We were attracted there for the purpose of taking the course on direct

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broncoscopy and esophagoscopy given in Prof. Killian's clinic. This clinic probably stands at the head of European nose and throat clinics, in the estimation of American rhinologists and laryngologists.

Prof. Killian is chiefly to be credited with this, one of the latest advances made in surgical science, whereby another of the hitherto hidden parts of the human being is brought under the direct eye of the surgeon for diagnostic and therapeutic purposes.

The experience is somewhat startling the first time one looks directly down the right and left bronchi to the second bifurcation. By this means, bronchial ulcers, tubercular nodules, new growths, etc., may be located and treated, cicatrical stenoses discovered and dilated much as similar conditions are in the urethra.

But the most important use of this procedure is the removal of foreign bodies which have been inspired into the bronchial tubes, such as collar buttons, pieces of bone, cockle-burrs, etc. Prof. Killian has quite an interesting collection of such articles he has removed from patients. Prof. Killian's chief reputation, perhaps, lies in his sinus work, which is certainly admirable.

Among other well known medical authorities in Freiburg are Prof. Axenfeld, the ophthalmic surgeon, and Prof. Kraske, principally known in this country by his operation for rectal cancer.

Freiburg is a rare exception among cities, in that its citizens fully appreciate its medical men of note. Prof. Killian is supplied with private offices in the public hospital or clinical building, with all assistants, etc., without cost to him.

The municipality has also erected a fine memorial hospital in honor of Dr. Kraske, where he operates daily.

Our next stop was at Zurich, Switzerland, where we had the pleasure of seeing something of Prof. Otto Haab's eye work. Dr. Haab, a man of about fifty years, is chief surgeon to one of the finest eye hospitals we have seen. It is a handsome modern building situated high up on one of the hills of the city, overlooking the city, lake and valley, with a fine view of the snow-clad Alps in the distance.

Dr. Haab was first to make use of the Giant Magnet for removal of metallic foreign bodies from the eye. He is using a method of advancement of the recti muscles for correction of squint, shown him by Dr. Prince, of Springfield, Ill., which he calls the "Prince Method," and which he says he has found quite satisfactory.

Our next work was at Vienna, where we spent the major part of our time on the continent.

Vienna, one of the leading capitals of Europe, has for centuries reigned supreme as Queen of European medical centers. While she has now many rivals, she has no superiors, and probably no equals for most lines of work. Simply a list of her illustrious men in medicine is sufficient testimony to her greatness.

Vienna is an interesting old imperial city, whose ramparts and moat have made way for the beautiful "Ringstrasse" with its handsome public buildings, the pride of the Viennese, and one of the handsomest streets in the world.

The Austrian capital is a center for art, music, and the drama, as

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well as for medicine. Grand opera is continuous throughout the year, save for a few weeks in midsummer. Cafe life is one of the interesting characteristics of the city.

Vienna is rich in hospitals, and one in particular, the old Allegemeine Krankenhaus, is said to be the largest general hospital in the world. Its old buildings, originally erected for barracks for soldiers, are so extensive, and the courts enclosed so numerous and spacious, that it is possible to lose one's self for a time.

There are more than three thousand beds in this hospital, and the out-patients number more than half a million annually.

The opportunities for post-graduate work in Vienna in all branches are so numerous and varied that it is beyond the scope of this paper to enumerate; suffice it to say, one can obtain almost anything he wishes if he is willing to pay the price.

In general the method of instruction in vogue is clinical, with explanatory talks upon the cases examined, in limited classes for stated periods. Here the student has the privilege of examining and in most cases treating the patients.

The ear clinic of Prof. Politzer is, perhaps, the largest in the world, numbering several hundred daily.

While Prof. Politzer is advanced in years, his hands have not lost their cunning. He has been termed the "Patriarch" in ear diseases, having done more than any other living man for the development and advancement of our knowledge of this branch of the science of medicine.

Like most men who are really great in the profession, he is kindly of heart and of simple, unassuming manners. He is something of an artist, as well as surgeon, and there are numerous oil paintings of pathological drum-membrane conditions hanging in his clinic rooms, the work of his own hands, as were also the original drawings for his well known Atlas of Anatomy of the Ear.

It is sometimes possible to receive an appointment as one of the clinical assistants in this clinic, conferring the privilege of treating as many of the patients as he can dispose of in the daily clinic of three hours. The writer was one of the fortunate ones to enjoy this opportunity.

The several permanent assistants of Prof. Politzer give courses upon clinical and surgical ear diseases, anatomy and operations upon the cadaver. Docent Alexander, the first assistant, is one of the best diagnostitians and one of the most skillful operators I have ever seen, and nowhere is better or more thorough and scientific ear work than is done in this clinic. Dr. Barany, one of the assistants, has worked out most that is known in reference to nystagmus in relation to labyrinth inflammation and suppuration.

Courses on ear diseases are also given at the Policlinic, and by Privat Docents Alt, Hammerslag, Frey, and others.

Good courses on diagnosis of nose and throat conditions are given at the Policlinic by Prof. Koschier, and in the general hospital in Chiari's clinic. But far better opportunities, as the writer can testify, are to be had by one man at a time, with Docent Johan Fein, in his

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clinic in the Wedener Hospital. Here one not only makes the diagnosis himself, subject to correction by Docent Fein, but makes the treatment and performs the operations as well.

Similar excellent opportunities may also be had with Privat Docent Hajek, both at his large private clinic and also at his clinic in the Franz Josef Hospital. Docent Hajek has done very much to advance our knowledge of accessory nasal sinus diseases.

In eye work also, splendid opportunities are afforded for advanced work. Prof. Salzman gives probably the best course on pathology of the eye to be had anywhere. He gives courses in both English and German, as in fact do many of the Vienna teachers.

Prof. Fuchs' Eye Clinic is very large and rich in material, which is well utilized for teaching purposes. His several assistants give fine courses on diagnosis of external diseases, ophthalmoscopy, operations, etc. Prof. Fuchs is a thorough master of his specialty, and one of the most skillful operators I have seen.

Similar good, though less extensive work is done in Prof. Schnabel's Eye Clinic, in the same hospital.

The anatomical courses given by Prof. Tandler, at the Anatomical Institute, are simply superb. He illustrates his lectures by the use of the marvellous collection of anatomical preparations of Prof. Zuckerkandl, than which there is probably not a finer in existence.

I must not neglect to mention Prof. Gersuny and his excellent paraffine work. He conducts a clinic for this work alone, and it is interesting to see him building up noses, filling out hollow cheeks, effacing wrinkles, making flabby breasts plump, and also intranasal injections for ozena, etc., all of which is done with as little ceremony as one would inject sterile water.

There is much to be said in favor of the system of post-graduate instruction that obtains in Vienna. The classes are small, and opportunity is given each to examine the patients, and in many instances to treat cases; and, by gettting in with some good man and remaining long enough, a good working method is obtained.

There are upward of one hundred American physicians doing work in Vienna all the time. A very active medical society, "The American Medical Association," was organized a few years ago, which meets weekly, at which addresses by local medical men of note are given. The society publishes annually a directory of courses, with full information as to the time, number allowed in the course, fees, etc. Also, by means of committees, bulletin boards, etc., seeks to assist the newly arrived doctor to obtain what he desires.

In some of the pathological, gynecological and internal medicine courses, the number of applicants far exceeds the number of places, and one must sometimes wait for months to get into them.

One is surprised to find so few English physicians doing post-graduate work on the continent. Presumably it is due to the characteristic British temperament, which considers nothing so good as that labeled "Made in England." Indeed, Americans outnumber all other nationalities together in the post-graduate clinics of Europe.

Returning to London, we tarried about a week in Paris, visiting

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the private eye clinic of Dr. Landolt, one of the best known ophthalmic surgeons in Europe. We enjoyed the opportunity of seeing him do an advancement operation which was first suggested by him.

We also visited Dr. Bull, the well known American authority on the eye, who resides permanently in Paris. Knowing nothing of the French language, we attempted no post-graduate work there. There is no doubt, however, if one is familiar with the language, excellent work could be found in Paris.

On reaching London one is apt at first to be disappointed in his search for post-graduate knowledge, for, except in the Policlinic and some of the special hospitals, such as the Eye, and Ear, Nose and Throat, there is little of this sort of teaching done.

Perhaps, also, the English brusqueness of manner has something to do with this unfavorable impression, so commonly shared by all Americans.

To one coming fresh from German and Austrian clinics, and accustomed to the German thoroughness of method, the ear, nose and throat work in London is apt to be especially disappointing.

And yet the world's largest city is naturally the richest in clinical material, and where this is made good use of for teaching purposes, it should be the best place to work. An example of this is found in eye work, in which London easily ranks first.

The Royal London Ophthalmic Hospital, better known as "Moorfields," is probably the best place in the world to acquire a knowledge of the eye. The large material, of nearly five hundred patients daily, is well used, and affords abundant opportunities for studying the rare as well as the common forms of eye diseases.

As good men, doubtless, are found in every large medical center, but I know of no other hospital with a staff of ten ophthalmic surgeons of equal rank with those at Moorfields.

Refraction work here is abundant, and well done. The staff at Moorfields are mostly advocates of the use of mydriatics in refraction work.

In this connection, it is interesting to know that refraction is better done in England and America than it is on the continent.

Besides the regular daily work, a most excellent course of lectures, illustrated by lantern slides and with selected patients, is given for a period of two months, and repeated several times a year.

At the Royal Westminster Eye Hospital, at Charing Cross, similar excellent work, though less in volume, is given. Dr. Gustav Hartridge, the well-known authority on refraction, is on the staff at this hospital. The work at this institution, occurring in the afternoon, while that at Moorfields is in the forenoon, with lectures at night. This enables one interested in this kind of work to put in the whole day, an opportunity existing no where else that we are aware of.

The other large cities of Great Britain, though interesting cities to visit, have little to offer workers in this line.

As to the question whether one should go abroad for post-graduate work, much depends upon circumstances. If he has but a few months to devote to the work, and especially if he knows nothing of the Ger-

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man language, it were better to take his work in America. On the other hand, if he can spend a year, or longer, whether he knows the language or not, it is the writer's advice that he go abroad.

As Prof. Jno. McCrea, of the University of Vermont, has stated, "the advantages of European work are great from every point of view."

Besides the concrete problems worked out in the clinics, one gets a breadth of view of men and things that is of much value. He comes in close personal relation with the men that are doing the most work in his line, and learns to estimate them at their true worth, and in his subsequent reading to correctly estimate the value of their statements. One should go abroad with an open mind, as well as open eyes and ears, and in a not too critical spirit. Thus will he be prepared to absorb much that will be useful and helpful to him, while mentally reserving the privilege of rejecting and discarding that which he knows is too radical and heroic for his private patients in America.

TINCTURE OF IODINE IN PUERPERAL FEVER

By S. A. BROWN, M. D.
Portland, Oregon

Case—Mrs. C. gave birth to child December 28, 1907. First chill December 30th, and by January 1st, 1908, the chills were severe and about 12 hours apart, followed by a temperature of 104 to 105 degrees or higher, Fahrenheit, with nausea, loss of appetite, and badly coated tongue.

Then streptococcus serum was injected every four hours for 24 hours, with no change for the better; then 100 grams of a mixture of equal parts of the tincture of iodine and warm water was injected into the uterus through a sound with a return flow; this is left in a few moments, or, if there is pain, at once wash out the excess of iodine with water that has been boiled. In from 24 to 48 hours after the injection of iodine, the temperature was down to 101 to 102 degrees, and the tongue much cleared, no nausea, and food could be taken. In fact, the case was converted into a mild form from a severe one. Could the iodine have been used the first or second day after the chill, I believe the infection would have been destroyed very soon.

Dr. Aldo Mergari reports in La Reforma Medica seven cases of puerperal fever being cured with very rapid results from the injection of iodine. The results are ascribed to the large amount of iodine used and the nascent state of the iodine.

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SOME NEEDS OF THE LAITY FROM A PHYSICIAN'S STANDPOINT

By E. B. PICKEL, M. D.
Medford, Oregon

Read before the Oregon State Medical Society, July, 1907

First, qualifications of the doctor; second, honesty and integrity of; third, press bureau for general information or education along medical lines; fourth, public health laws; fifth, registration for nurses.

1. There is no subject in which the laity should be so vitally interested as that of the qualifications of their family physician, and yet a great mass of the people, in compliance with a prevalent opinion that the end sought has a commercial motive, will discourage any attempt to elevate the standard of the medical profession. Ignorance of medical topics, financial greed, skepticism, the belief that medical science is scarcely more than hopeless empiricism largely prevails among the more intelligent classes. One cause of the growth of this tendency is within the profession and due to careless, idle and incompetent physicians, to the failures within the lines, to the barkings of the small dogs, and the drones that drift into quackery, 'isms and 'pathies; the cranks and leeches that, like the vampire, thrive by sucking the life blood from a gullible public.

The question naturally arises, how are the common people to judge as to the medical man's capabilities?

By the exercise of one's thinking powers on a cold-blooded business basis, or, in other words, simply common sense. Taking into consideration the advantages of literary training, including the standard of the medical college where the medical education was acquired and the time spent in obtaining his degree. Of course, these are not infallible rules, yet the principles involved are correct and are decidedly in one's favor, and, taken in connection with close application to study along medical lines, will be evidence that can scarcely be questioned. Select the one who loves and is loyal to the profession, free from petty jealousies, interested and enthusiastic in society proceedings. No reputable physician can remain out of his local association and be true to his calling, as in organization lies the opportunity for further advancement. He must be aggressive and progressive, wide-awake to the interests of the public welfare from a sanitary standpoint, industrious and energetic, prompt and decisive in action—in fact, no lazy man is entitled to any place in the great Aesculapian procession.

Secondly, honesty and strict integrity are the chief attributes of

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the man with whom is to be placed the responsibility for the life of some loved one. Dishonesty and ignorance in the medical profession go hand in hand, for it is impossible for the ignorant doctor to be honest with himself or straightforward with his patients. Dr. Pretender is little less than a thief and a robber, a scab on the body politic, a blight and a curse to the fraternity of which he claims to be a member.

Thirdly, a press bureau for general information or education along medical lines. The time has arrived for an enlightened public, and in order to reach this goal we must have the assistance of the great newspapers of the country. Some few—very few we have—but their voices have been heard in every county in every state of our continent, and they will in time, through the avenue of an intelligent people, leaven the whole lump of the newspaper world. The great American fraud can only exist by the aid of the secular and religious press, and I have enough faith in the honor of humanity, whose voice is the press, that if they were approached in the proper manner by a committee of intelligent persons, the evils of the patent nostrums, the quack, fakir and blood-suckers presented to them in their true light, their crude effrontery, base degeneracy, demoralizing and disgusting scoundrelism shown up, these papers would not for a mess of pottage be a party to the great crime of unscrupulous misrepresentations perpetrated on an innocent but deluded people. The compaign of education that has been carried on by Mr. Bok, Mark Sullivan, and others, in the Ladies' Home Journal, by Collier's Weekly and by Mr. Creel in the Kansas City Independent, have been of incalculable value to the laity, and should receive the hearty support of every member of the medical profession. Several other papers, secular and religious, are seeing the disgraceful and outrageous frauds they have been foisting on the public, and are refusing to hand out to their readers the gold bricks of quack advertisements and patent nostrum vendors. The public needs the assistance of the great body of medical men in this educational work and we, as public servants, are under obligations to aid them with all the intelligent influence our organization can command. Knowing the evils of the great American Fraud, it behooves us to arouse from our lethargy and indifference and push onward this great and important movement of creating distinctive sentiment against ignorance and wholesale patent medicine robbery.

This means a great deal to the metropolitan paper, and the business office is very apt to look grudgingly at any policy that would affect the profit side of its ledger so materially as that of closing its columns against the quack and patent nostrum revenue. Notwithstanding the fact that it means a loss of thousands of dollars annually, Mr. Bok, editor of the Ladies' Home Journal, in an address before the Philadelphia County Medical Society about the first of the year stated that scarcely a reputable monthly magazine would accept a "patent medicine" advertisement; that the same was true of the prominent weeklies; also, that forty-three dailies, the leading farm journals and some religious periodicals had joined the list. I hardly think that

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any of our Oregon papers are on this list. In looking over some of our leading dailies I find from twenty to forty distinct advertisements, some of the most flagrant reading like this: "the only reliable remedy for delayed periods. Cures the most obstinate cases in three to ten days." Again, "A sure cure for cancer." Then another, "Consult us, whose original investigations and a long study of the cause and cure of diseases have caused us to be duly recognized by the highest medical authorities." I wonder! No newspaper has a right to trade on the credulity of its patrons. Mr. Creel says the proprietor of a newspaper is as much responsible for the advertisements that go into his paper as he is for the editorials. It is with some chagrin that I am forced to admit the truth of Mr. Bok's assertion that some of the medical journals are guilty of the same offense. He states that while the people at large have been busy with their papers, I have not heard of a single well-ordered and coherent movement on the part of the medical profession individually to do the same work with its papers. You have been inactive. You have allowed us laymen to work with our papers, while you stand idly by, or made desultory attempts, where you should have taken a vigorous individual stand and stopped it. And you can stop it if you make the honest effort. You are the supporters of these papers; without you they cannot exist, and on you directly and solely rests the responsibility of the present situation, as we laymen can scarcely go any further with compelling the cleansing of our papers so long as those papers can point to the medical press as its companion in perfidy. This is rather a strong accusation, but I am inclined to think that we are prone to mistake indifference and laziness for conservatism. The remedy lies within us to a degree, yet I think we should utilize the public press for educating the laity in every possible way regarding the evils and dangers as well of the quack, fakir and patent nostrum. Finally, one important function of a press bureau should be to impart knowledge of all subjects relating to sanitation and public health.

Fourthly, public health laws are as old as Chinese tradition, and should be as universal as the human race. The gross ignorance and criminal carelessness of the public of questions regarding sanitation and protection of the health of the community are simply appalling to anyone who would study these subjects. Obtaining proper and effective legislation under such circumstances is a Herculean task indeed, yet by persistent effort and untiring energy our medical members in the legislature, numerically small as they have been, have secured the enactment of laws comparing favorably with most other states. The idea that we have to take the initiative along the line of legislation detrimental to our financial interests is probably more philanthropic than we are given credit for, and the fact that we have to contend for every advance made is more or less discouraging if not disgusting. We have heard of the "Antiseptic Conscience," why not cultivate also a sanitary conscience, an accomplishment to be hoped for but at present rarely seen. Every member of the profession should consider himself a committee of one to dispense information and give instruction in all branches of sanitation and public health

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laws, in this way aiding materially in the enforcement of our present statutes as well as obtaining better legislation along this line. The public conception, we are glad to note, has recently undergone marked improvement, as reflected by the passage of the pure food laws in the last year by Congress. Faulty as they are, we must admit they are a step in the right direction, and should be supplemented by well guarded state laws rigidly enforced. No doubt an important factor in the dissemination of disease producing germs is in railroad transportation. Car ventilation and cleanliness is one of the most difficult sanitary problems of the time. Persons differently constituted; some clothed with light, others with heavy material; elevations, directions and temperatures changing, variable winds, speeds slow and fast, climatic conditions, all combine to make this question truly a puzzling one. Cleanliness could be easily attained, and the proper mechanical facilities for this purpose should be installed at the end of every division; toilets and lavatories should be supplied with an abundance of water, frequent and thorough disinfection of coaches should be done. I believe this subject is one for our national legislature.

Fifthly, good nursing is important, and a law requiring registration of nurses would be a great means in accomplishing this end. The laity needs this for their protection and the well qualified nurse is entitled to this safeguard from commercialism. The nurses of Oregon should organize for a vigorous campaign of education by constantly discussing the value of having a nursing standard. By registration she will gain in dignity and excellence, her real worth will be more nearly appreciated. The time has arrived when a nurse must be something more than a mere "machine," she must understand why she is carrying out certain lines of treatment, and must be capable of judging the changes of her patient's condition in order to give the physician the intelligent information he has a right to demand. The public should have some evidence of the qualification of one who is such an important factor in conquering disease. About twenty-five states have already passed some form of registration laws for nurses, and Oregon should be in the advance guard. I believe the nurses of the state are progressive enough to demand it, the people intelligent enough to be entitled to this protection, and the physicians broad-minded enough to heartily assist in accomplishing this end.

After a nephrotomy, hemorrhage may usually be stopped by inserting deep mattress sutures into the kidney substance followed by superficial sutures of the same kind.—American Journal of Surgery.

A properitoneal epigastric hernia may give no external signs. The patient merely complains of pain in the epigastrium.—American Journal of Surgery.

If the bladder does not drain after a suprapubic cystostomy, in all probability the catheter or drainage tube has become displaced into the space of Retzius.—American Journal of Surgery.

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NATURAL HISTORY ON HYPERCHLORHYDRIA

With Remarks on the Diagnosis and Treatment

By GEO. F. KOEHLER, M. D.

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You all know the enormous strides which have been made during the past twenty years in the study of diseases of the stomach. The chief factor in this progress has been the stomach tube. By means of the tube we are able to examine the different functions of the organ but principally that of secretion. Thereby diagnosis has been improved and the adaptation of the treatment to the existing pathological condition has been made possible. In this latter function many deviations from the normal condition are found. In fact, one may say these constitute the ailments of nearly one-half of all patients suffering with chronic digestive disturbances. Hyperchlorhydria is usually considered to be merely a symptom showing that the secretory function of the stomach is increased without pointing to any definite anatomical lesion. Inasmuch, however, as this symptom may be of the greatest importance, and upon it alone may depend all the subjective sufferings of the patient and the rational treatment at our command it would indeed seem perfectly proper to discuss hyperchlorhydria as a separate disease; whether a symptom or a disease, an early diagnosis should be made. Hyperacidity nearly always accompanies peptic ulcer of the stomach and probably is a prominent factor in its etiology. Such an ulcer is generally curable if recognized early. Hyperacidity can be surely recognized in any stage and will as a rule yield speedily to suitable treatment when not of long standing, but very much less readily after the simple secretory fault has developed into a chronic condition. The further fact that hyperchlorhydria predisposes to ulcer, and ulcer to cancer powerfully reinforce the argument in favor of an early diagnosis.

The relationship existing between peptic ulcer and superacidity is an interesting one and is dwelt upon to some extent in the discussion of the pathogenesis of peptic ulcers in the newer textbooks. Let it suffice at this time to remind you simply of the fact that in this disorder there is always manifest a pathologic disproportion between the composition of the gastric juice and the nutrition of the gastric mucous membrane. It will not be possible in the time allowed to enter upon a historic retrospect, so will pass on to a very brief review of the relationship of ulcer to cancer. These serious and even fatal diseases are often associated with the constant presence of a hyperacid state of the gastric juice, and this fact alone is sufficient reason why the condition now under discussion, while simple and innocent in the beginning, may become complex and danger-

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ous in the end. In a recent large series of cases of gastric cancer reported by the Mayos over 50 per cent of them were found developed in neglected ulcers. Mayo said, as far back as 1904, the development of cancer upon a chronic ulcer is a risk the full significance of which is only of late becoming apparent. Cases with early history of ulcer and later developing decided gastric symptoms must be looked upon as suspicious of malignant disease. Volkman says that in an experience of 20 years he has never seen a case of Carcinoma implanted on an ulcer cicatrix. Stewart of Philadelphia says it is accepted that 5 to 8 per cent of all Carcinoma originate on ulcers. Lebert gives the percentage of Carcinoma growing in ulcers or Cicatrices as 9 per cent. W. J. Mayo quotes Graham as giving 60 per cent of Carcinomas as originating in ulcers. The fact that a carninomatous neoplasm may develop upon the floor of an ulcer, preferably one situated near the pylorus, requires special mention. This was proven beyond doubt by Hauser. Ewald says that in many instances of Gastric ulcer, particularly those seated at the pylorus, there is a gradual but uninterrupted transition of the ulcer into cancer. Clinically these are the cases in which Hydrochloric acid production and the peptic function of the stomach continue for a long time. It is thus evident that there must be an actual relationship existing between ulcer and cancer.

While the further consideration of the association of these two diseases would be entirely out of the scope of this paper, it is well for us to emphasize the real importance of watching our ulcer cases very carefully and instituting early the proper treatment; and going back farther it is of even greater importance to keep constantly in mind our cases of Hyperchlorhydria and begin early and regularly the examination of this chemical sign whenever there is any suspicion of its presence. The diagnosis of ulcer of the stomach seemed to gain greatly in certainty owing to the fact that it was thought an excessive formation of acid could be demonstrated as a constant symptom. Recent investigation has proved, however, that while hyperchlorhydria is common in ulcer of the stomach it is not constant. There seems to be no good reason not to accept the statement of numerous writers that hyperchlorhydria is very often the result of ulcer present, for it is fair to assume that the lesion may well keep up a condition of irritation leading to the excessive secretion of HCL. Indeed, we may say here we have a vicious circle. The HCL is necessary for the maintenance of the ulcer, and prevents its healing. The ulcer in its turn stimulates the excessive production of hydrochloric acid. Although the existence of superacidity has been demonstrated with certainty only in the last 15 or 20 years, it is a fact, nevertheless, that this condition was recognized by the older physicians even going back to the beginning and middle of the 19th century. In the writings of Todd, Copland, Pemberton and others, we find mention made of neuroses of secretion; owing, however, to the lack of more exact methods, the older physicians could not recognize the anomalies of secretion with any degree of certainty. Richman was probably the first who by a thorough examination of the

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contents of the stomach with the help of newer methods, furnished positive proof of the existence of secretory disorders which had previously been only suspected. The credit, I believe, belongs to Ewald of having first emphasized the nervous origin of Hyperchlorydria. Ewald looks upon this disorder as being a sensory neuroses of the secretory sphere, the excessive activity in the secretion of HCL being due to the irritation of the ingesta. Van Norden found hyperchlorhydria as a primary neurosis in melancholia independent of a primary lesion. Jolly found the same thing in hysteria.

While some authors look upon hyperacidity as an anomaly of secretion in consequence of an organic lesion, most writers maintain that in most cases we are dealing with a pure neuroses and it is an accepted fact today, that very excitable people predisposed to nervous disorders more frequently become affected with superacidity than those of a calm temperament.

Now in regard to the examination of suspected cases I wish merely to emphasize that it is always best to know exactly the facts, and not guess at them, from data furnished by the tongue and subjective states in order to make the diagnosis. In practically all suspected cases it is an easy matter to introduce a tube into the stomach of the patient and obtaining a sample of gastric contents, it takes but a few minutes to determine the amount of hydrochloric acid present, or the total acidity. It is a difficult matter to express in figures our chemical understanding of hyperchlorhydria, for the simple reason that the amount of secretion varies greatly under physiological conditions in one and the same individual as well as in different persons.

The degree of acidity of the gastric contents about one hour after Ewald's test breakfast in healthy people will be found as a rule to be between 40 and 60, and usually a degree of acidity of 70 and above is considered as hyperacid. Most authors base their chemical conception of hyperacidity on the total acidity. Ewald estimates hyperacidity in a total acidity between 60 and 70; Rosenheim considers a gastric juice with total acid of 70 hyperacid. Johnson above 60. Regal, besides laying much stress upon the total acidity, also attaches great significance to the proportion of free HCL. Without further argument, however, we may say that gastric contents with a total acidity of 70, giving an intense reaction for HCL, may be called hyperacid, yet in doubtful cases one would be reluctant to diagnosticate hyperacidity of the gastric juice upon this single symptom alone, but only upon the sum of the peculiarities which the test breakfast enables us to recognize after repeated examinations of the stomach contents.

We know that gastric digestion is essentially an acid digestion, and we can now accept the well-established fact that the acid of the gastric juice is hydrochloric acid, and that it probably has its origin in the parietal or so-called border cells of the gastric glands and that the acid is derived from the decomposition of chlorides.

The acidity is as a whole formed from the presence of free HCL, the lesser part by acid salts and acid albuminates except, perhaps, in grave pathological conditions when we find the acidity to consist of organic acids, the principal one being lactic acid.

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It is not my intention to dwell any longer upon the history of hyperchlorhydria, so will pass on to the discussion of the diagnoses. In trying to make a correct diagnosis of this disorder we will first have to exclude all conditions which are liable to give similar symptoms, for example, gastric ulcer, biliary colic, and hypersecretion.

The characteristic symptoms of ulcer are too well known to necessitate their rehearsal here, therefore I shall simply mention the fact that the pains of an ulcer, even if this is accompanied by hyperchlorhydria, do not disappear entirely after the ingestion of large doses of alkalies. Permanent hypersecretion is very frequently accompanied by vomiting and the most intense attacks of pain, the pain coming on as a rule in the middle of the night or early in the morning. On examination with the tube the stomach in the fasting condition is found to contain considerable quantities of gastric juice, 80 c.c. to 100 c.c. Biliary colic not accompanied by jaundice nor by considerable palpable swelling of the gall bladder may give rise to errors as to the real cause of the pain. In biliary colic, however, the pains as a rule appear later than in hyperchlorhydria, four or five hours after a meal, and are not eased by the ingestion of food or alkalies. Another means of differential diagnosis is that the pains in biliary colic most commonly extend over the right epigastrium and right hypochondriac regions, whereas the pains of hyperchlorhydria are felt more in the middle of the epigastrium, although sometimes radiating further to the right. While the proof of hyperacidity as a rule is simple, the exclusion of an organic disease of the stomach and the proof of a purely functional disturbance combined with hyperacidity may be most difficult. Here in the first place gastric ulcer may be mentioned on account of its great frequency, and that as a rule it runs its course with hyperacidity and also that in this affection the symptoms often appear some little time after eating. We cannot be too careful in the differential diagnosis. When there is well developed gastric pain besides the other symptoms mentioned pointing to an organic lesion of the stomach a purely functional hyperchlorhydria should be excluded and the treatment should be based upon the hypothesis of a gastric ulcer.

Passing now to the treatment of hyperacidity, we may say diet occupies the first place, and what interests us most is whether prefence should be given to albumin, which readily combines acids, or to starches, which are less stimulating to the production of HCL in the patient suffering from hyperchlorhydria. Regarding the mixture of individual food products, most authors agree that a mixed diet is proper, giving preference to food rich in albumin while the quantity of starchy substances is diminished. We see little mention made of the use of fats in the condition under discussion in the different textbooks, but some of the more recent articles written give fats a position of even greater importance than either of the two other nutritive products in the diet of the person suffering from hyperchlorhydria. We know fats inhibit gastric juice secretion and are utilized normally in the intestinal canal of the patient with hyperchlorhydria, yet do not inhibit the motility any more than an equal

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quantity of starchy or albumin food products. Therefore, fat, especially milk fat, has of late been strongly recommended in the treatment of hyperchlorhydria. Concentrated sugar solutions tend to diminish gastric juice secretion, and for this reason concentrated sugar solutions have been administered to patients suffering with hyperacidity with some degree of success. Instead of sugar solutions, honey is recommended. While considering such dietetic measures as may tend to diminish gastric juice secretion we must at the same time remove from the diet all those articles which in themselves possess the property of stimulating gastric juice secretion. Therefore we must exclude such articles as highly spiced sauces, concentrated extracts of meat and, in short, all spicy preparations. Closely associated with the subject of diet, and quite as important, I think, is the consideration of a rational arrangement of the meals. Most writers recommend dividing the meals so that the patient will partake of five meals daily—three larger and two smaller. The larger meals should not deviate much from the ordinary bill of fare, while the two smaller ones should consist either of a glassful of milk with bread and butter, or a cup of cocoa and a few crackers, or occasionally a cup of bouillion with an egg beaten up in it. I have usually followed this plan, and with satisfactory results. H. Leo of Bonn reminds us that the essential feature of hyperacidity consists of an abnormal irritability of the secretory apparatus of the stomach, the expression of which is not manifest during the period when the stomach rests, but only during its time of labor, and for this reason he maintains that fewer and larger meals are indicated, provided there are no factors to the contrary.

In view of the fact that the condition under discussion is frequently caused by too much mental work—so many cases of hyperchlorhydria being purely nervous, the attack coming on under the influence of pressure of business, excitement or worry, the daily life of the patient as to the amount of work, bodily exercise, mental rest and pleasure must be regulated and the treatment of these cases is by no means always satisfactory, as it is often difficult or impossible to remove, or at any rate prevent the recurrence of the exciting cause. With regard to this point, the same rules will not apply to all, but it will be necessary to individualize each case for itself—thus business men, lawyers and physicians must be sent away from their work to some country place so as to relieve their brains temporarily from the strain. As long as the attack lasts the diet must consist chiefly of meat, other albumenous food with fat, no salt, and a minimum amount of starchy food; alkalies with bismuth should be given before each meal. These patients do well as a rule on olive oil, especially if given in large doses and before meals. In those cases of hyperchlorhydria in which constipation is a prominent symptom the hyperacid state is best controlled by attacking the bowel first. In this class of cases a systematic Carlsbad cure with natural Carlsbad water or Carlsbad salt is advisable. In protracted cases of hyperchlorhydria the direct application of the electric current to the inside of the stomach has frequently been of great benefit. The electric current applied in this manner exerts

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a stimulating tonic influence not only upon the stomach, but also upon the small and large intestines. I have seen cases of hyperchlorhydria accompanied by the most obstinate constipation perfectly cured by the means of the current applied in this way. In summing up each individual case of hyperchlorhydria we should keep in mind the limits of our differential diagnosis, which in this affection are often revealed only when a case which we have believed to be hyperacidity turns out to be an ulcer of the stomach and demands of us special consideration in the treatment.

The Problems of Sanitation.

E. C. Jordan, Chicago (Journal A. M. A.), points out that the main difference between the medieval and modern aattitude toward unhygienic conditions lies in our having become awaked to the sources of disease, and that the knowledge of the germ theory is to some extent responsible for this change. Up to the present, sanitary measures have affected chiefly the infectious diseases, as he shows by comparison of the leading causes of death in Massachusetts in 1856, as compared with those of 1904. It is evident, however, that further information is needed before we can intelligently plan a campaign against disease. Even as regards typhoid fever, which has been so much reduced by sanitation, there are still points to be learned and how much do we really know, he asks, about the best methods of preventing summer mortality among infants in large cities. In England, the infant mortality has not been materially reduced during the last twenty-five years though the general death rate has materially decreased. Germany, however, shows a steady reduction and in this country, while the data are very incomplete, owing to our imperfect vital statistics, the figures in two large cities, Boston and New York, also shows a progressive decrease. Hygiene is becoming more and more a social question and under this particular head he mentions industrial hygiene, the protection of workers in dangerous or unhealthy occupations and education in public hygiene, the protection of workers in dangerous or unhealthy occupations and education in public hygiene, as living questions of the day. The medical profession has never taken a selfish stand on this question but has always sacrificed its own interests to the public welfare. New responsibilities, however, are being forced on the medical profession. More men should prepare themselves for public health work and greater faacilities should be offered by medical schools in this particular line. The medical profession can itself do much to bring about a proper valuation of the work done in this field. Public opinion is now sensitive on matters of public health and will lend a ready ear to professional advice. Now, he says, is the time to turn our faces to the investigation of disease on a large scale, to make clear that the prevention of disease is more worthy of consideration than the cure and, foreseeing the inevitable decline of curative medicine, to foster and develop the newer art of sanitation as an integral part of the work of the medical profession

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TREATMENT OF TYPHOID FEVER

By M. A. NELMS, B. S., M. D., F. R. M. S. Lond.
Walla Walla, Wash.

Read before the Walla Walla Valley Medical Society, September 17, 1907

During the past fifteen years there has been such a variety of methods advised for treating typhoid fever, each of which is so highly lauded by its own advocate, that the young practitioner is quite at a loss to fully settle in his mind, or to judge the efficiency of any particular plan; this would leave him to either experiment with a large number of tases, or else adopt some abstract plan of treatment of which he is not conversant; that might be very much to the detriment of his patient.

From the year 1829, when Louis of Paris proposed the term Typhoid, extending down to the present, I believe that there is no disease in the whole catalogue that has received more varied and apparently opposite plans of treatment than the one under discussion. And while many of them have been more or less in the right direction, the simple fact of their multiplicity shows that they are far from reaching any degree of satisfaction to the physician, or productive of constant results to his patient, being influenced more by the peculiarities of the epidemic than by his mode of treatment. This fact is practically emphasized when we consider for a moment the mortality which the disease causes. Even though we do not lose sight of the fact that during the past decade the mortality from Typhoid Fever has been reduced one-fourth. Still, the alarming death rate of twelve per cent exists under the best generally recognized treatment of the present time. Such a state of affairs is entirely out of proportion to that which should obtain with our present knowledge of the pathology in Typhoid Fever.

To enter upon the discussion of this treatment: It seems that the Bacillus Eberth, under the general medication, is permitted to multiply undisturbed in the superficial layers of Pyres Patches; from a strictly scientific standpoint, with all the intestinal antiseptics which we have at our disposal, should we not have a solution constantly passing over these bacilli which, if it would not entirely destroy them, would at least practically prohibit their increase, and greatly limit the destructive power of those that already exist? Is this possible? I maintain that it is; the early diagnostic symptoms of Typhoid Fever are so evident that the most inexperienced physician should readily recognize them and thereby be able to lessen their virulence, by beginning the proper treatment at the inception of the disease. I believe it to be entirely possible to control its process, and prevent the

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increase of the death-dealing bacillus. It has always been to me a matter of deep concern that the profession with all its knowledge and with all that has been written upon the subject, should be compelled to see 120 out of every 1000 afflicted with this disease, doomed to death; together with the enormous percentage of hemorrhages and intestinal perforations with repeated relapses, as many as seven occurring in two cases having been reported by one authority to have occurred. To permit the germ to go on with its destructive process without the least hindrance to its vitality by our treatment until the intestines are ulcerated through and the patient dies, while at the same time we plausibly persuade the friends of the deceased that all has been done that was possible within the power of the profession, while in reality we have done nothing, has always seemed to me to be indeed a sad and melancholy spectacle.

While I may be young in the field of practice, the enormity of the death rate, and the lack of power of the profession to properly cope with the epidemics of typhoid, has occasioned upon my part no small amount of thought. In 1893, through the kindness of Dr. J. O. Hirschfelder, Professor of Clinical Medicine in Cooper Medical College of San Francisco, I had access to the fever ward of the City and County Hospital, and, observing such a large mortality in the cases treated at that time, I determined to try, with the assistance of Dr. Hirschfelder, some original experiments. The treatment which I am to give you tonight is the result of that study. After having used this treatment for 14 years, and applying it to 364 cases without a single death, I feel it my duty to give to the profession the benefit of my experience, having been repeatedly urged to do so for a number of years by a particular friend. I have refrained from doing so heretofore, because I desired to give the plan a sufficient test in all the varying degrees of epidemics, in which I thought it possible for any one method of treatment to be thoroughly tested. For I believe that one physician can derive better results while experimenting with a certain plan and studying it out in every detail himself until the desired perfection is reached, rather than by giving it out partly completed, which usually results in disappointment. Many worthy systems of treatment of therapeutics have been laid by as useless from a lack of a thorough knowledge of what they are desired to accomplish; as the physician taking up the unfinished plan given him to follow in outline will not be sufficiently watchful for the needed changes or dressing down, in the minutiae of a particular line, before it can reach any great degree of satisfaction.

The 364 cases which I have referred to have not been selected for the nicety of a report, but are facts, and comprise every case that has come under my care since the beginning of this treatment, 14 years ago. From the absence of mortality in a report of this number of cases of typhoid fever treated by my method, I am inclined to believe that every case of this disease which comes under my observation is sure of recovery. But for fear this record might be broken by a single mortality, I assure you that during the treatment of the last 150 cases I have felt no small degree of solicitude, and I can hardly realize that

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this treatment has been so efficient in the large number of critical cases to which it has been applied.

A number of times it has happened that two patients of about the same age, with environments practically identical, have been attacked with the disease, and for the purpose of a test, this similarity was kept up with as much particularity as possible, with the exception of medicine. To one patient I gave my treatment, and to the other I gave the generally accepted medication. At the time the test was made in one set of cases, after the tenth day I was compelled to change from the regular to my own plan in order to save the life of the one taking the accepted treatment of today, and within twenty-four hours it was with no small degree of delight on my part to observe the favorable change; and in the second set of cases I was compelled to use my plan of treatment on the seventh day with a similar result. In both cases alarming symptoms had appeared and I firmly believe that one of the patients would have died had the general treatment been followed twenty-four hours longer. It seems to me that this was a severe test for the efficiency of this treatment. Three-fourths of the patients treated by this method reach the end of the second week of the fever with a temperature chart not higher than one hundred and three, a minimum loss of flesh, good digestion, quiet, restful sleep and the absence of temperature on the eighteenth or twentieth day; and while with the generally accpted plan of treatment there is frequently marked delirum, high elevation of temperature, up to one hundred and five or more, marked loss of flesh, great exhaustion, restlessness or profound stupor, great frequency of hemorrhage and marked Tympanites, none of which occur in my plan of treatment. The efficiency of this plan is especially marked when we consider that the report of the health officer of Walla Walla, during two of the most serious epidemics, showed a mortality of nineteen per cent. This impresses me with the superiority of the method over any other treatment with which I am conversant, and indeed, to my mind, it does not fall short of remarkable.

Dietary: Milk, albumen, meat broths, oat and corn meal gruel, well-cooked rice, arrow-root, sago and browned sodacrackers; the main reliance being placed upon milk, which is given every two hours and a half when properly borne by the stomach and absence of curd in the stool, otherwise it is discarded entirely from the dietary, as I believe the fermentation arising from the undigested curd is to a great degree accountable for Tympanites. It is very seldom that I am forced to dispense with the milk diet, and only in those cases that have an extremely delicate stomach; even with some patients, who have never been able to use milk, I have succeeded in getting a fair digestion by peptonizing and with the use of lime water. The above form of dietary is used until the third day after the temperature becomes normal, at which time is added, soft eggs, eggnog, milk toast, etc., reaching the ordinary diet at the end of six days after the temperature remains at the normal for twenty-four hours.

Temperature.—Cold sponge baths when the temperature reaches one hundred two and a half, and continued until a fall of at least one

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degree is secured. And if the fever is sufficiently obstinate and requires more than three baths during the twenty-four hours, I direct one and a half to two grains of Antifebrin, which invariably has a satisfactory effect in controlling the fever for the following twenty-four hours, giving a moist skin, quieting the delirium and producing a sound and refreshing sleep. If the Antipyretic is to be administered to the patient with a bad heart, it should be followed in the course of twenty minutes with the fortieth of a grain of strychnin hypodermatically. With the above means I have found it very easy to control the most obstinate temperature, and would further mention in this connection, that I have found only ten cases in the list, which I present, that have required the repetition of this Antipyretic, and three baths in twenty-four hours more than once during their illness; but have frequently found that when the patient did not come under my observation until the tenth to the fourteenth day, then it required the persistent use of the above from four to six days.

Medication.—The beginning of my treatment of each case of Typhoid Fever, regardless of the time at which it comes under my observation, is with one grain each of calomel and soda in tablet form every three hours until free catharsis is produced; then the instructions are one tablet daily, more or less, as the case may require to produce at least one stool daily, and in conjunction with this I would remark that I have no solicitude whatever from the possibility of the stools becoming too frequent, a point which many authorities caution us particularly to avoid, with which I cannot agree; for I consider that two, or even three, stools daily are not undesirable. The use of this calomel keeps a constant moisture in the mouth and prevents very unpleasant and disagreeable symptoms so frequently arising from a badly-coated tongue and sore lips. I would also mention the great importance of the cleansing of the mouth four times daily with a cloth or brush, using for this purpose a wash consisting of two parts listerine, three parts distilled water and one part glycerin; and especially direct a rinsing of the mouth each time after taking food with this solution, and thus avoid putrefaction of the food about the teeth.

The formulae to which I attribute my success in the treatment of these cases, and for which I claim the originality of the combination, are as follows: First, Thymol given in one-grain doses to an adult, in pill form, every four hours during the twenty-four; arranging the time so as not to disturb the patient while asleep, but to administer not less than six, or more than eight grains during the twenty-four hours. Its action is a most powerful antiseptic and disinfectant; it also has a pronounced anesthetic effect upon the mucous membrane of the stomach and intestines, and slightly paralyzing the end-organs of the sensory nerves, thereby entirely relieving the pain in the abdomen and stomach. When absorbed it produces a marked inhibitory effect upon the nerve-centers in the spinal cord and in the medulla; lessening reflex action, slowing respiration and lowering the temperature and arterial tension; also produces a sensation of epigastric heat and increasing the urinary discharge, being eliminated by the respiratory and urinary organs; it has a very desirable stimulating effect upon them

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during the process of its excretion. As an antiseptic Thymol is much more powerful than carbolic acid and less poisonous; and while it has been advised in the treatment of Typhoid Fever, it is not effectual when used alone, for it exerts its favorable influence in the treatment of typhoid only when combined with the following formula:

Carbolic acid	20 grains
Bismuth-subnitrate	4 drachms
Mucilage of Acacia	1½ ounces
Peppermint water qs	6 ounces

Of this formula I direct two drachms, administered every four hours, half way between the time of giving the pill. The Bismuth certainly has a very pleasant effect upon the mucous-membrane of the intestines when associated with the Thymol. The carbolic acid and peppermint water exerts a pleasant effect upon the stomach.

I do not claim originality for the use separately of these drugs mentioned above, for I find a majority of them were used before I prescribed them, but I do claim the originality of the combination in which I have used them, this being the only way in which they will stop a large mortality in Typhoid Fever. After a careful research over a large amount of literature upon the subject of Typhoid, the formulae which I have presented above have not to my knowledge been used, only by myself; I therefore ask indulgence if, at times, in this article, my statements seem over-enthusiastic. But when it is remembered that under this treatment as above outlined, I have during the last fourteen years been able to successfully cope with three hundred and sixty-four cases of Typhoid Fever without a single loss by death, and this even in some cases that did not come under my treatment until ten days after the beginning of the attack, I believe the profession will pardon any appearance of elation at being privileged to report such fortunate results.

Treatment of Cancer.

A. G. Henry, of Cortland, says that surgical treatment of cancer does not remove the cause and therefore recurrence is frequent. The cause he believes to be over-nutrition, under-nutrition, or faulty nutrition. Unless this condition is remedied the disease must return to renewed development. Electricity and massage added to changes in the diet and hygiene will go far to cure the disease. Flesh foods should be excluded from the diet.—Medical Record.

A modern hard, palpable mass in the right iliac region is often diagnosed as acute appendicitis with inflamed omentum around the appendix. But ileocecal tuberculosis with inflammatory exudate should be kept in mind.—American Journal of Surgery.

Uterine fibroids may be differentiated from disease of the tubes or ovaries by noting whether or not the cervix moves in the opposite direction when the tumor is pushed from side to side.—American Journal of Surgery.

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ACUTE MASTOID DISEASE

By RICHARD NUNN, M. D.

Read before the Portland City and County Medical Society, January 22, 1907

Some years ago, when it was proposed to add an otologist to the staff of one of the London hospitals, and Mr. A.'s name was mentioned as being a capable man for the position, one of the staff remarked that he would do very well to look into that little hole in the head; and, again, I heard it remarked when, as a student, I was attending the prescribed course in otology, that impacted cerumen was a Godsend to the ear specialist. Since then that branch of medicine known as otology has enormously developed, and especially in the knowledge of diseases of the mastoid apophysis.

A few years ago opening up of the mastoid cells was only done in extreme cases, and then only in a very cautious manner. Drills, gimlets or trephines were used and directions were given as to the exact location through which the instrument might bore and reach the cells without entering the middle fossa of the brain cavity or puncturing the sigmoid sinus, or going too deep and wounding either the facial nerve or the semi-circular canals. Such operations as these were but little more than draining the mastoid antrum, and, in many cases, the operation had either to be done over again or it left a chronic purulent discharge from the ear which was a source of annoyance and danger to the patient. I can recollect being present at a mastoid operation on one of our colleagues some years ago; the operator, who was a skilled otologist of this city, was using the trephine, and I can well recollect the debate that went on as to how high up or how far back the trephine hole should be made.

The history of the mastoid operation is interesting, and I will take up a few minutes of your time in relating something about it.

Hippocrates and the ancients had an anatomical knowledge of the antrum, but made no attempt to interfere surgically with diseases of this cavity. Curiously enough, opening of the mastoid cells was first advocated by Ralfinck, 1656, and again, independently by Riolan, 1677; not for the relief of an empyema, but for the relief of tinnitus, the argument used in those days being that in those cases where the persistent tinnitus, with closure of the eustachian tube and incurable deafness existed such an opening would act as a vent for sounds in the ear, for heat and sound were looked upon as ponderable entities in those days. There is no record of any of these theorists putting their theory into practice.

Valsalva, 1740, and a Dane named Hauermann, 1797, availed themselves of the fistulous openings made by Nature in its attempt to evacuate pus in the antrum, to syringe the middle ear and to relieve purulent otitis. To Jean Louis Petit, 1674-1760, is due the credit of first opening the mastoid process for the relief of acute purulent mastoiditis. In his work on surgery he describes the indications for

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the operation, describes the operation, and furnishes illustrations of the necessary instruments. Had the teachings of Petit been faithfully followed the operation for relief of acute mastoiditis would not have fallen into the discredit that became its lot in after years, when surgeons such as Jesser began to perform this operation for the relief of "deafness in general."

Jesser, a Prussian army surgeon, independently of Petit, and some sixteeen years later, seems to have evolved this operation in the following way: During an acute attack of mastoiditis occurring in a soldier, he noticed that a speedy cure took place when there was a spontaneous perforation of the cortex. When, therefore, in the same patient, an attack of mastoiditis occurred in the other ear, he opened up the pus cavity with a trocar, having first laid bare the mastoid process. As the inflammatory symptoms disappeared, the hearing improved, as is often the case. And, making the very common mistake of *"post hoc propter,"* Jesser and others have recommended and performed this operation for the relief of deafness in general. This procedure for the relief of deafness in general received a quietus in 1791, when Johan Just von Bergen, Danish Court Physician, was, at his own request, operated on in Copenhagen by Kolpin for the relief of deafness and annoying tinnitus, and died thirteen days after of purulent meningitis and sinus thrombosis. For over 70 years perforation of the mastoid cortex for the relief of purulent mastoiditis remained in abeyance, though Wilde, in the early part of the 19th century, practiced Wilde's incision as a means of relieving periostitis incident to mastoiditis. In 1864 Turnbull in America and Ludwig Meyer in Germany perforated the mastoid cortex with gimlets for the relief of mastoiditis. But in 1873 Schwartze employed chisels and gouges, and from this time forward the operation was extended by leaps and bounds till at the present time the modern mastoid operation is one of the most satisfactory operations undertaken by the surgeons for the relief of suffering humanity.

The only difference between the mastoid operation of today and that done by Schwartz is that of degree; a more thorough removal of the air cells in the temporal bone; a freer incision through skin and periosteum.

It is interesting to look back at the instruments first used by Schwartze and compare them with the instruments used in this operation as it is done nowadays. Here are the chisels and curettes used by Schwartze and here are the chisels, curettes and rougour orceps of the up-to-date operation. If anyone were to take an intelligent carpenter and explain to him that to save life it was necessary to open up from without inwards, from the latter to the former, and ask this mechanic to choose the tools best suited to do this with, he would without doubt choose the chisel that could be firmly grasped by the whole hand in preference to a chisel that had to be held in the fingers. The same with the curettes. In other words, as the surgeon got a clearer idea of what he wanted to do, thanks to a better knowledge of pathology and anatomy, so did his tools for doing this become larger and stronger, and tools capable of exerting greater forces and forces of more accurate adjustment.

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Medical Societies

Pierce County Medical Society.

The Pierce County Medical Society held its meeting on Tuesday evening, February 18, with Dr. Royal A. Gove, the newly-elected president, in the chair. Dr. O. E. Sutton, secretary.

After the meeting a bountiful turkey lunch was served. The principal paper of the evening was by Dr. S. W. Mowers, on "Pneumonia With Onset Simulating Appendicitis." The discussion was lead by Dr. Park Weed Willis, of Seattle, followed by Dr. W. N. Kellar and Dr. E. L. Carlsen.

Dr. Mowers—This subject has been treated so ably by others that I may add nothing new to the literature of the subject. As you all know, reflected pain is a fact that has long been recognized and is too common a phenomenon to be commented on. A diseased condition may be present in one part of the body and the pain felt in another—for example: the pain incident to an inflamed condition of the thorax may be located in some other part of the body. This fact is mentioned in various text-books and yet in practice is occasionally overlooked, which oversight is my excuse for bringing the subject before you for your consideration at this time.

The abdominal wall and part of the parietal and diaphragmatic plura are supplied by the lower six intercostal nerves—the anterior divisions of the dorsals. Any irritation affecting one of these nerves might be referred to its distribution on the abdominal wall. The eleventh nerve is distributed over the iliac region and pain here would make one think of appendicitis. Other nerves would refer the pain to the umbilical, hypochondriac, or epigastric region, and the diagnosis might be ulcer of the stomach, cholecystitis, or pancreatitis.

Hilton's famous law, which he gives in his book, "Rest and Pain," states that the interior of a joint, the muscles moving it, and the skin over the muscle-insertions are supplied by the same nerve trunks. He considers, in this connection, the pleural cavity as a joint and that the muscles are not only the intercostals, but also the abdominal muscles as well. Thus pain the pleura may not only be felt in the abdomen, but also, in order to give the cavity rest, the muscles remain quiet and may even be rigid.

The phrenic nerve, in its course through the chest, may be invoved in a pleuritis. This nerve gives off sensory fibres to the pericardium and pleura and to that portion of the peritoneum, covering the interior of the diaphragm and may give rise to abdominal pain and limited motion of the diaphragm.

The two conditions, inflammation of the pleura and inflammation of the abdominal cavity, may co-exist. Pleurisy or empyema following appendicitis—particularly operative—may occur. In acute pneumonia there is no reason why an infection—diplococeal or otherwise—of the appendix might not occur. This paper refers to cases with sudden pain and other symptoms which would strongly suggest appendicitis.

Case 1. Mrs. O., German, 22, married, housewife; no children; family and personal history negative. She was seen by me December 17, 1897, about 14 hours after the onset of the disease. She had been taken sick very suddenly that morning, with nausea, vomiting, and severe abdominal pain. Her temperature was 103

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degrees F., pulse 120, and respiration 30. The nausea had almost entirely subsided and the pain had become localized in the right iliac fossa and there was great tenderness at McBurney's point. There was no cough or thoracic pain. I made a diagnosis of appendicitis and put her on treatment. The next day she said she was feeling perfectly well. The abdominal pain and tenderness had entirely cleared up. However, the temperature was 103 degrees F., pulse 126, and respirations 32. Examination now showed a fine rale present over both bases, which rapidly developed into a double basal pneumonia, from which she died. The significant features of the case were the increased pulse and respiration, which should have put me on my guard.

Case 2. J. W. H. was seen by me in March, 1903. I was asked by a professional friend to see an appendicitis case of his, during his temporary absence from the city. My friend said that he had seen the boy the day before and that he was suffering from a mild attack of appendicitis. In the afternoon I saw the patient, a boy of 13, and was told that he was improving. His temperature was 101 degrees F., and pulse 110. There was some tenderness on pressure at McBurney's point, but I was assured that he was better, and made no further examination at that time. The following morning the abdominal tenderness had cleared up, and there was no tenderness on pressure at McBurney's point, but the temperature was 101.6 degrees F., pulse 116, and respiration 25. Examination of the lungs showed an area of consolidation in the left base. I found, on inquiry, that he had been taken sick with nausea—but no vomiting—colicky pains in the abdomen and tenderness and pain at McBurney's point. He ran an ordinary course of pneumonia with recovery.

Case 3. J. B. C., treated August, 1904; 25; male; single; brakeman; previous history, negative. He had been taken ill, the morning of admission to the hospital, with severe abdominal pains of a colicky type, nausea, and vomiting. This condition had been growing worse. On admission, temperature was 103 degrees F., pulse 130, respirations 26. The abdominal muscles were rigid. There was a diffuse tenderness over the abdomen, particularly marked at McBurney's point. There was no cough or thoracic pain. His leucosite count was 18,000. A careful examination of the chest was made in this case, not only by the hospital staff, by also by two physicians, who were present at the time, with negative results. A diagnosis of appendicitis with perforation and diffuse peritonitis was made and an immediate operation was done. The incision was made and a normal appendix was found. There were no signs of peritonitis. The following morning the temperature and pulse were practically the same and signs of consolidation appeared in the right base. He ran an ordinary course of pneumonia with crisis and recovery. The wound healed without any complications.

Among those who have reported "Pneumonia With Onset Simulating Appendicitis" are the following: Massalongo, Griffith (Jour. Am. Med., Aug. 29, 1903), Richardson (Bost. Med. and Surg. Jour., 1901), Osler (Lancet, Feb. 9, 1901), and Herrick (Jour. A. M. A., Aug. 29, 1903).

In conclusion: The possibility of thoracic disease should be considered in all abdominal symptoms. There may be found cough or thoracic pain, an expiratory grunt, with possible bloody or rusty sputum. The chest should always be examined for possible loss of motion, rales, or bronchial breathing. The abdomen is usually pseudo-

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tender. A light touch is usually painful. Deep, steady pressure with the flat hand usually does not increase the pain, and at the beginning of inspiration, there is usually a yielding of the abdominal wall not often seen in peritonitis. The possibility for an appendicitis or cholecystitis or a pneumonia co-existing must not be forgotten.

Cases may arise where it may be impossible to differentiate. In a doubtful case, where threatening symptoms arise, it seems to me that, even with the chance of a mistake, it is better to err on the side of operation rather than let a ruptured appendix or gall-bladder or typhoid perforation go untreated ten or twelve hours. He takes great responsibility who advises delay when symptoms point to peritonitis, even if it be not an entirely typical case.

City and County Medical Society.

The City and County Medical Society met in the rooms of the Commercial Club, January 22, 1908, and was called to order by President Hamilton.

Minutes of the previous meeting were read and approved.

Members present: Drs. J. F. Botkin, Mae Cardwell, D. W. Connell, Ella K. Dearborn, Dickson, Hicks Fenton, Gertrude French, Gray, Hosmer, Holden, L. H. Hamilton, Johnson, Jefferson, King, Kirkpatrick, Marcellus, Florence Manion, Mount, McGavin, Nunn, Sheldon, A. W. Smith, Story, Sternberg, Timms, Walls.

Visitors: Drs. Ralph Fenton, Estes, Moore, Kriehl, Stryker, Wolfe.

Proposals for membership: Dr. Ralph A. Fenton, graduate Northwestern University, June 25, 1906. Recommended by Drs. J. F. Dickson and Richard Nunn.

Reading and Discussion of Papers.

The first paper of the evening was read by Dr. Richard Nunn, viz: "Acute Mastoid Disease," and will be found elsewhere in this issue.

Discussion opened by Dr. J. F. Dickson. General discussion by Drs. Hicks Fenton, Connell, French, Sternberg, Kriehl, and closed by Dr. Nunn.

The second paper of the evening was read by Dr. E. DeWitt Connell, viz: "Diseases of the External Ear."

These are found to be chiefly due to malformations of the external ear; gerumen or wax, which forms in quantities sufficient to block up the external auditory meatus; dermatitis, with its subdivisions, such as traumatic and erysipelateous; eczema, both acute and chronic, crusty and scaly variety; Herpes Zoster, lumpus with its subdivisions; Cutaneous Syphilis, both acute and secondary; inflammations of the external canal, such as circumscribed and diffuse otitis; strictures of the external auditory canal, caused by infiltrations, new growths, etc.; foreign bodies, which are commonly found in children who insert all kinds of foreign substances in the auditory canal; neurosis hyperemia.

Discussion opened by Dr. French. General discussion by Drs. Dickson, Fenton, Nunn, King, Walls, Estes; closed by Dr. Connell.

Cases in Practice Related by Members

Dr. Connell reports a case of a man who came to him with a foreign body in the eye. Man had been splitting wood with a wedge. Eyeball soft, no scar being visible; sent to the hospital; atrophine used. Ophthalmoscope failed to show anything; application of powerful magnet brought out small piece of steel. Patient doing well.

Miscellaneous Business.

Secretary read the proposed ordinance from Dr. Cottell, regulating the

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practice of medicine in this city.

Dr. Hicks Fenton said he thought it was up to the medical profession to see that the ordinance was passed.

Dr. Marcellus thinks even if it was passed it would not be enforced.

Dr. Walls thinks there is a state law that will back up the ordinance and moved that the chair appoint a committee of twelve representative physicians to represent the society at the meeting of the City Council to further its passage. Seconded by Dr. Fenton. Carried.

Committee: Drs. Moore, Amos, Hawke, Buck, Tilzer, King, Sheldon, Hosmer, Williamson, House, Locke, Cottel.

ALLAN WELCH SMITH,
Secretary.

City and County Medical Society.

The City and County Medical Society of Portland met in rooms of the Commercial Club February 5th, 1908, and was called to order by President Hamilton.

Minutes of previous meetings were read and approved.

Members present: Drs. Amos, Coffey, Ellis, French, Geary, Coray, Hamilton, Holden, House, N. W. Jones, Wm. Jones, King, Keeney, Labbe, Marcellus, Mackenzie, Katherine Manion, Pohl, Parker, Pierce, Rockey, Roth, Short, Spencer, Smith, A. C. Smith, A. W. Smith, F. S. Story, Sheldon, Swennson, Timms, Tucker, Tilzer, Walls, Williamson.

Visitors: Drs. DeArmond, Wolfe.

Election of Members.

Drs. C. G. Sabin and Ralph Fenton were both elected to membership by unanimous ballot.

Exhibition of Pathological Specimens.

Dr. R. C. Coffey exhibited interesting specimens of carcinoma of breast and gall stones of the common duct.

Dr. A. C. Smith exhibited an interesting case of Osteo-Sarcoma removed from the breast of a girl of 20 years, it being remarkable for its intense hardness.

Reading and Discussion of Papers.

The first paper of the evening was read by Dr. Wm. Jones, "Treatment of Chronic Empyema."

By empyema of a chronic type is meant one that has existed for such a length of time that it does not yield to treatment by thorough drainage, as well as being non-tubercular. This length of time varies according to conditions, such as virulence of the infection, robustness of the patient, etc. The problem is to obliterate the pus cavity, and to obtain adhesions of the cavity walls one to the other. The Erstlander operation, or some of its modifications is the one usually selected. The author, finding this not giving the result desired in all cases, used a modification of his own, by breaking up the adhesions between the lung and surrounding tissues, thereby allowing the lung expansion. Several such cases were recited, where adhesions were broken up, cavity emptied of pus, and good results obtained. Annals of Surgery, March, 1907, Samuel Lloyd reports a series of cases of like character, with gratifying results.

In the absence of Dr. J. O. C. Wiley, the discussion was opened by Dr. K. A. J. Mackenzie. General discussion by Drs. Rockey and Labbe. Discussion closed by Dr. Jones.

The second paper was read by Dr. W. B. Holden, "Surgery in its Relation to the Neurasthenic."

Neurasthenia is largely the product of civilization, some of the specific factors being over-work, over-worry, ambition, excitement, unrest, dissatisfaction, etc. This condition occurring more among women than men. Causes for surgical treatment being floating kidney, prolapsed ovary, re-

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troversion, lacerations of cervix and perineum. Surgery as a cure for this trouble is unwise, and disappointing both to patient and operator, and such suggestions to the patient for trivial conditions should be avoided.

In the absence of Dr. Herbert Nichols, Dr. R. C. Coffey opened the discussion. General discussion, Drs. Williamson, Yenney, Walls, Dr. Holden closing the discussion.

Cases in Practice Related by Members

Dr. A. E. Rockey exhibited a case of a young man who was struck by a steel shaft, fracturing his lower jaw. The jaws were wired one to the other, two teeth extracted, and fed through a tube; results being complete recovery.

Miscellaneous Business.

Dr. Geary said that a representative of the Telegram came to him and said they would be glad to assist in stamping out the crime of abortion now being carried on in Portland.

Dr. Labbe said we should ask the papers to cease publishing such obscene advertisements as are found in the daily papers.

Dr. Coffey said he was attending the Heilig theater, and seeing the advertisement of the Mary Lane Institute upon the certain, went to the management, stating that it was an insult to every decent physician who attended there, and if they would not do anything about the matter that he would take it up with this society. Without any further action the advervisement was removed.

Dr. Coffey moved, and was seconded, that we thank the Telegram for its kind offer, and request that this paper as evidence of good faith would discontinue all advertisements advancing fraud and quackery. Carried.

Dr. Geary thinks that, as a society, we should be moved to further action, and take this matter up in earnest.

Dr. Williamson moved, and was seconded, that the chair appoint a committee of three, consisting of Drs. Coffey, Geary and the Secretary, to draw up suitable resolutions for publication. Carried.

Resolution.

Be it Resolved, By the City and County Medical Society of Portland, that we are in hearty accord with the efforts being made by the press of the city to expose and punish parties and institutions engaged in the criminal practice of medicine; and be it further

Resolved, That it is the belief of the City and County Medical Society of Portland, that great service can be rendered the morals of the community and state, by the press refusing to publish the advertisements of so-called institutions and physicians who are generally known to be disreputable.

(Signed)

R. C. COFFEY,
E. F. GEARY,
A. W. SMITH,
Committee.

Respectfully submitted and adopted.

ALAN WELCH SMITH,
Secretary.

The City and County Medical Society of Portland met in rooms of the Commercial Club February 19, 1908, and was called to order by President Hamilton.

Minutes of previous meeting were read and approved.

Members present: Drs. Baar, Buck, Cable, Coffey, Equi, French, Holden, House, Hamilton, Hosmer, Hyde, N. W. Jones, Jefferds, Johnson, King, Marcellus, Ralph Matson, Katherine Manion, McGavin, Roth, Spencer, Smith, Start, Story, Swennson, Sternberg, Timms, Tilzer, White, Whiteside, Webster, Yenney.

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Visitors: Drs. De Armond, Greene, Kiehl, Strycher, Wolfe.

Exhibition of Pathological Specimens.

Dr. Coffey exhibited a rare specimen of stone, found in the mesentery of the small intestine of an old lady.

Dr. Yenney exhibited an enormously dilated stomach, found upon autopsy in a man supposed to have died of ptomaine poison; the gall bladder in this case was greatly distended, and filled with a purulent fluid.

Reading and Discussion of Papers.

The first paper of the evening was read by Dr. H. C. Jefferds, "Tuberculosis of the Kidney."

Tuberculosis of the Kidney is found to be very obscure, with almost total absence of all pathological symptoms, hence the difficulty of a diagnosis, particularly in the early stages. Ureteral catheterization should be practiced, as well as injections into a guinea pig made to determine if one or both kidneys are infected. Medical treatment is of little use, must be either general, systemic, or operative. Nephrectomy with removal of tube is practically the only relief.

Discussion was opened by Dr. Ralph Matson. General discussion, Drs. Whiteside, Yenney and Greene.

Discussion closed by Dr. Jefferds.

Second paper was read by Dr. Gustave Baar, "Enteroptosis in Relation to Neurasthenic Conditions."

Virchow claimed, in 1890, that a displacement of the abdominal organs, especially the intestine, is to be found in majority of people. Deming found in 2000 cases examined that 29.60 per cent of men, and 75.40 per cent of women suffered from Gastroptosis, this being largely due to manner of dress. Symptoms, bloating, rumblings, pressure, regurgitation of food, but according to a theory advanced by the author, the most common and pronounced symptom is that of constipation, constipation being the cause of the enteroptosis, as well as the attending neurasthenia. Anemia is present in a great number of cases, associated with mental depression, relaxation of the abdominal walls, and lowered general nutrition. It is not gastroptosis which produces malnutrition, but according to the writer it is constipation, which produces malnutrition, and thereby gastroptosis. Treatment, examination of stomach contents, Faradic current, massage, but regulation, and special diet give the best results.

Discussion opened by Dr. Coffey. General discussion, Drs. Jones, White and House. Discussion closed by Dr. Baar.

Miscellaneous Business.

Dr. Webster reported case of a quack who says he has the finest suite of offices on the coast, and that he pays his fine and continues to practice unmolested.

Dr. Roth reported a case of a quack practicing without a license.

Dr. House reported a case of tumor of brain being treated by a quack for worms.

Dr. Matson reported that he has received specimens from naturopaths who wanted them examined for diphtheria.

Dr. Hosmer said of the committee of twelve there was only five present.

Moved and seconded that the committee be instructed to be present, or another committee be appointed. Carried, and ordered that the committee be instructed.

Adjourned.

ALAN WELCH SMITH,
Secretary.

A rise of temperature after a curettage may be due to the thoughtlessness of the attending physician, the cause being a piece of foul-smelling gauze which has been left in the uterus too long.—American Journal of Surgery.

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Correspondence

A Reply to Dr. Abbott.

Editor Medical Sentinel—Dear Doctor: In the February issue of the Medical Sentinel you published "A Card from Dr. Abbott," in which he accuses me of being mistaken in regard to a statement made at the Idaho State Medical Society, on October 4th, 1907, regarding the "H M C" tablet.

At this meeting I reported knowledge of three infant deaths in other men's practices at Davenport, Wash., following the administration of the "H M C" tablet to the mother during confinement. The three deaths, I stated, occurred shortly after birth, two days in the longest case, from asphyxiation, and the tablet was held responsible for the fatal outcome in each case.

Dr. Abbott has been mislead by the printer's error in reporting the deaths from Davenport, Iowa. No doubt Dr. Abbott can learn of still other fatalities that have occurred following the use of this anesthetic should he care to send to Davenport, Washington, "an agent to investigate."

However, I have written knowledge about which there can be no mistake for the statement in regard to the three cases in dispute.

Very truly yours,

F. HINMAN.

Spokane, Feb. 21.

Note by the Editor.—It is very apparent that Dr. Abbott's investigation and report resulted from the typographical error in the Medical Sentinel, which located the seat of the reported trouble in Iowa instead of Washington. Dr. Abbott will doubtless make an investigation in Davenport, Wash., and the Medical Sentinel will be glad to publish the result of his investigations, and also any scientific conclusions that either side of the controversy may desire to send us.

OBITUARY.

Dr. John Clark Johnston.

Dr. Johnston went to Montana in 1878, and practiced medicine there ever since. He was born in Pennsylvania in 1849. He was very much beloved in Montana, and was noted for his charity, which he dispensed in an unostentatious manner. He died on January 27, of diabetes mellitus. For the past two years he had been in failing health.

Dr .Warren N. Davis.

Dr. Warren N. Davis, of Wardner, Idaho, died on Feb. 18th, at Los Angeles. Dr. Davis was a pioneer of the Coeur d'Alenes, where he had practiced since 1886. At the time of his death he was nearly 70 years of age, but for some months past had been in failing health, and went to California hoping that the change of climate would benefit him. The body was interred in Portland.

Dr. W. J. Inman.

Dr. W. J. Inman, formerly of Rainier, died recently at Tacoma from a complication of diseases. He was well known among the medical fraternity in Portland, he having graduated a few years ago from the University of Oregon Medical Department.

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Book Reviews

Syphilis. A Treatise for Practitioners. By Edward L. Keyes, Jr., A. B., M. D., Ph. D., Clinical Professor of Genito-Urinary Surgery, New York Polyclinic Medical School and Hospital. With 69 illustrations in the text and nine plates. New York and London: D. Appleton & Co., 1908.

The author tells us that this book is founded upon the 2500 cases of syphilis observed and adequately recorded in his office case books during forty years. During the last decade an increased appreciation of the horrors of syphilis, and a new method—the intramuscular injection of mercury—for its control have lessened the severity of the disease, and during the next forty years syphilis promises to be less destructive because more intelligently treated than ever before. Perhaps the time may come, as is predicted, when the disease will be mastered, when syphilis will be reduced from a volume to a chapter; from a scourge to a mere annoyance. However this may be, the author is doubtless right in assuming that it will be many a year before a volume even as large as this will cease to be of practical interest to the student and practitioner. This work is certainly very exhaustive on the subject dealt with, and is of the utmost value to the practitioner who is looking for practical suggestion on difficult cases that come under his care.

Diseases of the Heart. By Prof. Th. von Jurgensen, of Tubingen; Prof. Dr. L. Krehl, of Greifswald; and Prof. Dr. L. von Schrotter, of Vienna. Edited, with additions, by George Dock, M. D., Professor of Medicine, University of Michigan, Ann Arbor. Octavo of 848 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1908. Cloth, $5.00 net; Half Morocco, $6.00 net.

An English edition of this well known work will be cordially welcomed in this country. Several excellent works upon diseases of the heart have appeared within the last quarter of a century in Germany, and it has seemed strange that none of them was translated into English. Especially is this so when we consider the many and important contributions made in that country to the normal and pathologic anatomy of the heart, the physiology of the heart and circulation, the methods of diagnosis, the pharmacology of cardiac remedies, and the application of non-medical measures to the treatment of patients suffering with heart disease. It is of great value to the English-speaking members of the profession that there can be found in one book the sound learning and wide clinical experience of Professors von Juergensen and Schroetter, and the deep and broad training in anatomy, physiology and pathology, as well as the excellent clinical observations of Professor Krehl.

Surgery: Its Principles and Practice. In five volumes. By 66 eminent surgeons. Edited by W. W. Keen, M. D., LL. D., Hon. F. R. C. S., Eng. and Edin., Emeritus Professor of the Principles of Surgery and of Clinical Surgery, Jefferson Medical College, Philadelphia. Volume III. Octavo of 1132 pages, with 562 text-illustrations and 10 colored plates. Philadelphia and London: W. B. Saunders Company, 1908. Per volume: Cloth, $7.00 net; Half Morocco, $8.00 net.

The third volume of this valuable work has a very formidable list of

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contributors, all men in the forefront of surgeons, and whose work will be recognized by the student as being of the highest grade. Dr. Harvey Cushing, associate professor of surgery at Johns Hopkins contributes the first article in the volume, entitled Surgery of the Head; Dr. E. Wyllys Andrews, Professor of Surgery at Northwestern University Medical School, writes on Surgery of the Neck; Dr. Albert Kocher, of the University of Berne, Switzerland, contributes one on Diseases of the Thyroid Gland; Dr. John Chalmers Da Costa, of Philadelphia, writes on Surgery of the Tongue; Mr. John Cummings Munro, of Boston, has three chapters, dealing with Technic of Abdominal Surgery; Surgery of the Abdominal Wall, and Surgery of the Peritoneum and the Retro-Peritoneal Space; A. W. Mayo Robson, of England, writes on Surgery of the Stomach; Drs. William J. and Charles H. Mayo, of Rochester, Minn., writes on Surgery of the Liver, the Gall Bladder and the Biliary Ducts; B. G. A. Moynihan, of Leeds, England, writes on Surgery of the Pancreas and Surgery of the Spleen. There are other articles equally valuable, but enough has been said to show that this is an unusually brilliant volume.

The Pancreas. Its Surgery and Pathology. By A. W. Mayo Robson, D. Sc. (Leeds), F. R. C. S. (Eng.) of London, and P. J. Cammidge, M. D. (Eng.) D. P. H. (Camb.), of London. Octavo volume of 546 pages, fully illustrated. Philadelphia and London. W. B. Saunders Company, 1907. Cloth, $5.00 net; Half Morocco, $6.50 net.

There are many points in regard to the physiology, pathology and surgery of the pancreas which have been made clear to the student by the beneficent work of Lister. Until recent years the important and complex part that the pancreas plays in the physiology of the body remained unsuspected, and descriptions of the diseases to which it is liable were confined to a few lines on malignant disease, cysts, and calculi. Animal experiments, now rendered safe by antiseptic surgery and improved technic, have thrown a flood of light on the physiology of the organ and elevated it from the position of a mere accessory digestive gland to the rank of a structure indispensable for the metabolic needs of the organism. The numerous laparotomies undertaken in recent years have afforded the surgeon opportunities of observing and handling the living organ, both in health and disease, and a comparison of the conditions noticed, together with a closer investigation of the symptoms and after-histories of the cases, has very considerably widened our conception of the pathological changes that may occur in the gland, and afforded a basis for their clinical differentiation. The author of this work has informed himself on all that has been made known by investigators of the subject, and this volume may be regarded as containing the very latest facts obtainable. The illustrations will be found particularly valuable to the reader, many of which are original, while some are from drawings and photographs made from specimens in the possession of various museums.

A Treatise on Diseases of the Skin. For the use of advanced Students and Practitioners. By Henry W. Stelwagon, M. D., Ph. D., Professor of Dermatology, Jefferson Medical College, Philadelphia. Fifth edition, revised. Handsome octavo of 1150 pages, with 267 text-illustrations, and 34 full-page colored and half-tone plates. Philadelphia and London: W. B. Saunders Company.

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1907. Cloth, $6.00 net; Half Morocco, $7.50 net.

This book has certainly had a very satisfactory vogue. It was reprinted a little over a year ago, but another edition was made necessary by the demand, and this, the fifth edition, has been thoroughly revised and some little of it rewritten. Such new matter as is found between its covers are the result of investigation, and what has appeared in literature since the last edition. Some matter has been taken out, so that the book before us has only fifteen pages more than the previous edition. The main additions and changes will be found in those diseases rendered more important by our closer touch with tropical countries. Among the new tropical subjects introduced to be especially mentioned are "dhobie itch" and "uncinarial dermatitis." The eruptions of the leukemias receive some attention for the first time in this edition, and that rarer condition, "meralgia paresthetica," is also briefly presented. The new illustrations number fifteen.

Atlas and Text-Book of Human Anatomy. Volume III, completing the work. By Prof. J. Sobotta, of Wurzburg. Edited, with additions, by J. Playfair McMurrich, A. M., Ph. D., Professor of Anatomy at the University of Toronto, Canada. Quarto of 342 pages, containing 297 illustrations, mostly in colors. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $6.00 net; Half Morocco, $7.50 net.

This last volume of the Atlas has been awaited with much interest by the profession, and it is as sumptuous and as deserving a place as the volumes that went before it. This volume contains the remainder of the vascular system, and the entire nervous sytem, together with the organs of special sense. Long years of experience in the dissecting room have led the author to depict the peripheral nerves and blood vessels as the student is accustomed to see them in the cadaver, i. e., the vessels and nerves together in the same region. Thus the arteries and the nerves, or the arteries, veins and nerves, or the arteries and veins, have been shown in the same illustration. This arrangement of the material has the advantage that the student using the atlas in the dissecting room can find upon a single page the great majority of the structures found in a layer of his dissection, and is not forced to hunt through the volume and waste time in unnecessary search. The reader also thus receives a series of composite topographic illustrations. The use of colors in the simultaneous representation of the blood vessels and nerves adds clearness to the objects. This is a most useful book for the student and the physician, and utmost care has been shown in the preparation of the text and illustrations.

A Text-Book of the Practice of Medicine. By James M. Anders, M. D., Ph. D., LL. D., Professor of the Theory and Practice of Medicine and of Clinical Medicine, Medico-Chirurgical College, Philadelphia. Eighth revised edition. Octavo of 1317 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $5.50 net; Half Morocco, $7.00 net.

The previous edition of this work was issued two years ago, and it has been critically revised throughout, with a view to bringing the present volume into consonance with the most recent positive knowledge of internal medicine. Particular attention has been paid in this work to the more practical phases of medical diseases—namely, synthetic induction

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diagnosis, differential diagnosis and treatment. The study and presentation of the distinctions between one disease and another have been further elaborated; the points of differentiation and the illustrations have been increased in number. The subjects treated are well classified, the author believing that a proper method of arrangement serves as a key to the details of the subject matter. A proper share of attention is given to the many tropical and subtropical diseases which are manifesting an ever-increasing incidence in the temperate latitudes of this country and Europe. New articles appear on Parasitic Infusoria and Febrile Tropical Splenomegaly. This work, in former editions, has found many warm friends, and its place is still assured, considering the learned industry that has been put upon the newest edition.

The Principles and Practice of Modern Otology. By John F. Barnhill, M. D., Professor of Otology, Laryngology, and Rhinology, Indiana University School of Medicine; and Ernest de W. Wales, B. S., M. D., Associate Professor of Otology, Laryngology and Rhinology, Indiana University School of Medicine. Octavo of 575 pages, with 305 illustrations, many in colors. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $5.50 net; Half Morocco, $7.00 net.

The methods of practice in otology have changed so rapidly that much concerning the subject which was only recently accepted as a standard of guidance, is now almost entirely obsolete. This statement is especially true of the suppurative affections of the temporal bone, the treatment of which is now based upon a more thorough knowledge of the anatomy of this bone and its environs, upon more accurate diagnostic methods and upon more nearly correct medical and surgical principles. The authors seek in this excellent work to correct certain traditional beliefs, among which is the strangely persistent belief that children will outgrow their aural ailments, and that a discharging ear is nothing more than an annoyance, or is even beneficial to the individual. The authors seek to advocate the earliest possible prophylaxis or treatment in such cases. They aim to show that the prevention of actual diseases is usually easy in early childhood, whereas benefit or cure as a result of treatment in later life is often impossible. The illustrations of the text are very valuable. Some of the drawings have been made directly from the anatomic specimen, and others from the actual patient during the progress of an examination, treatment or surgical operation —a few are schematic, and only a very few have been copied. The work is excellently printed, and will certainly prove of great value to the student and general practitioner.

The ever useful Physicians' Visiting List for 1908, issued by P. Blakiston's Son & Co., is before us. It is fully up to its usual high standard, and is a requisite for the practicing physician who desires to keep thoroughly up to date.

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Extracts

Hodgkins Fund Prize.

In October, 1891, Thomas George Hodgkins, of Setauket, New York, made a donation to the Smithsonian Institution, the income from a part of which was to be devoted to "the increase and diffusion of more exact knowledge in regard to the nature and properties of atmospheric air in connection with the welfare of man."

In the furtherance of the doner's wishes, the Smithsonian Institution has from time to time offered prizes, awarded medals, made grants for investigations, and issued publications.

In connection with the approaching International Congress on Tuberculosis, which will be held in Washington, September 21, to October 12, 1908, a prize of $1,500.00 is offered for the best treatise that may be submitted to that Congress "On the Relation of Atmospheric Air to Tuberculosis."

The treatise may be written in English, French, German, Spanish or Italian. The prize will be awarded by a committe appointed by the Secretary of the Smithsonian Institution in conjunction with the officers of the International Congress on Tuberculosis.

The right is reserved to award no prize if in the judgment of the committee no contribution is offered of sufficient merit to warrant such action.

The Smithsonian Institution reserves the right to publish the treatise to which the prize is awarded.

Further information, if desired by persons intending to become competitors, will be furnished on application.

CHARLES D. WALCOTT,
Secretary Smithsonian Institution.
Washington, February 3, 1908.

Travel Notes From South America.

This installment of the late Dr. Senn's Travel Notes (Journal A. M. A., January 25) ,gives a description of the peculiar disease known under the names of verruga peruana, Oroya fever and Carrion's disease. The first name is derived from its characteristic indurations, the second from its having occurred extensively during the construction of the Oroya Railroad, and the last name is given in honor of Daniel Carrion, a medical student of Lima, who inoculated himself and was a victim to study of the disease. Its true nature is still unknown, but the facts concerning it have been given in a masterly way by Professor Ernesto Odriozola, of Lima, whose work is abstracted by Dr. Senn. Three cases were observed by Senn in the Guadalupe Hospital at Callao. One was an acute case; the patient had been ill with the disease about three months, but had been admitted to the hospital only the day before. Temperature was 40 C.; mind wandering; pulse small and frequent; tongue dry and coated; face, arms, hands, feet and toes on the extensor sides, and chest and obdomen were covered with a papillomatous eruption. The papillae were about the size of a pea. They appeared to Senn to start from the superficial lymphatic vessels. A tendency was observed in this case for them to become the center of a larger swelling, which in the severer cases ruptures and leaves a bleeding vascular surface. The patient's general condition was low, symptoms of sepsis were becoming progressive. The other two patients were convalescent, but both were very emaciated and anemic. The eruption had disappeared by absorption, leaving discol-

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ored patches. The disease is noted for its chronicity in the milder forms and its great fatality when the eruption fails to appear. Pathologic specimens were shown of its appearance when attacking internal organs. Senn quotes a list of a large number of authorities, who have written on the disease since 1730, from Odriozola's memoir. While the cause is still obscure, that it is a microbic disease can not be questioned. The sources of the infection are limited to a few localities on the western slope of the Andes. Formerly it appears to have been more widespread than at present. It does not now extend more than from 28 to 60 kilomters inland from the coast at an altitude of from 2,000 to 10,000 feet above sea level. That the parasite exists in the water supply of the localities where it originates seems most probable, though Odriozola thinks it may also exist in the air and soil. Syphilis and tuberculosis increase the liability. Anemia is the most constant and striking pathologic change produced; whatever the microbe may be, it is a blood destroyer. The symptoms are described in detail. The temperature is irregular and misleading; the mean duration of the fever is from 25 to 30 days. Besides the characteristic anemia, whcih in its profundity and rapid progress exceeds that of any other disease, and the eruption, there is a yellowish discoloration of the skin resembling jaundice; hemorrhages are not infrequent, profuse sweating is common, as well as edema of the lower limbs. Loss of appetite, nausea, vomiting and diarrhea are the principal symptoms referable to the digestive organs, while vertigo, severe headache, muscular and joint pains, cramps, insomnia, delirium, hiccough and jerking of tendons show the involvement of the nervous system. The usual complications of the severe type are pulmonary congestions and inflammations and enteritis or enterocolitis, both of these rendering the prognosis grove. The greatest difficulty in diagnosis is between malaria and Carrion's disease, unless the malarial parasite is sought for. In the treatment, a large number of remedies have had their day, but quinin is the remedy of choice and its value is recognized. The present popular medication includes largely a class of reemdies which are regarded in the light of tonics. The chronic form begins invidiously, with general indisposition, vague pains gradually increasing in severity, loss of appetite, increasing anemia, etc. It is often mistaken for rheumatism, which is excusable, as the joints are sometimes swollen. The fever is erratic in the milder types. In the form called "mulaire," which is characterized in the beginning by the appearance of intradermic or subdermic nodules, the fever always prcedes the eruption, which is invariably discrete. Edema of the lower extremities is more frequent in this form. The eruption has been the subject of considerably study, and its varieties are here described at some length and the description supplemente by illustrations. The peritoneum and pleura are not infrequently the site of internal verruga and the central nervous system may be involved, as shown by Carrion and Quiroga.

Army Medical Corps Examinations.

Preliminary examinations for appointment of Assistant Surgeons in the Army will be held on May 4th and August 3d, 1908, at points to be hereafter designated.

Full information concerning the examination can be procured upon application to the Surgeon General, U. S. Army, Washington, D. C. The

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essential requirements to securing an invitation are that the applicant shall be a citizen of the United States, shall be between 22 and 30 years of age, a graduate of a medical school legally authorized to confer the degree of doctor of medicine, shall be of good moral character and habits, and shall have had at least one year's hospital training or its equivalent in practice. The examinations will be held concurrently throughout the country at points where boards can be convened. Due consideration will be given to the localities from which applications are received, in order to lessen the traveling expenses of applicants as much as possible.

Applicants holding diplomas from reputable literary or scientific colleges, normal schools or high schools, or graduates of medical schools which require an extrance examination satisfactory to the faculty of the Army Medical School, will not be examined in subjects of general preliminary education.

In order to perfect all necessary arrangements for the examinations of May 4th, applications must be complete and in possession of the Surgeon General on or before April 1st. Early attention is, therefore, enjoined upon all intending applicants.

There are at present twenty-three vacancies in the Medical Corps of the Army.

The Drink Habit.

When there is an epidemic or pandemic of some contagious or infectious disease the keen-eyed medical man, reinforced by the pecuniary aid of the people through the government, lend every energy to find the cause and cilessly killing outright the best people of the land.

The best laboratory men of the day contributing conditions that are merare paid large salaries to search out and kill the little bug that is murdering many by the wholesale. We would be classed barbaric if we did otherwise. What about the millions of gallons of alcohol that is yearly murdering millions of the American people?

One-half of the best and most representative men of today die from the changes that alcohol brings about in the arterial system. The alcoholic manifests the least resistance to every type of infectious disease. It is the old alcoholic who always succumbs to the poisons of typhoid fever, pneumonia, tuberculosis. There never was a more mistaken idea than that a barrel of whisky will cure consumption. Common sense should teach us that if alcohol is poisonous enough to the human cell to cause degenerative changes to take place in its protoplasm, that when the protoplasm of the cell is already saturated with a tubercular toxine that alcohol will only hasten the degenerative changes. A cell saturated with alcohol loses to a great degree its resistance to other toxines.

Is it impossible to find some agent other than the will power to make man imbibe less of the poison that is sapping his very life? We must take into consideration that we are dealing with a disease that is made strong by heredity. The ancestors for thousands of years have imbibed the spirits until the molecular make-up of the individual makes him born with an appetite for alcohol, he is born a slave to his appetite.

Look how long the chemistry of man has been depressed by alcoholic spirits and their sequellae. Noah got drunk. Rome, at one time mistress of the world, caused its own downfall by the adoption of bachanalianism. The defeat of Hannibal's army is attributed to the wines of Capia. Alex-

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ander, the military genius of antiquity, was cut off from his career by the indulgence in wine at one of his celebrated banquets. The decline of Assyria, Persia, Babylonia, Macedonia and Greece can be ascribed to the drinking of wine. So on down the long line of time we see how the craving for alcohol has implanted its poison into the protoplasm of man's make-up.

If we study the cell of the dead alcoholic we see readily how far it differs from the normal cell! there is not a tissue in his body that has not absorbed the poison and become functionally and physically defective. The study of evolution proves to us that peculiarities are transmitted; the father transmits to his progeny a diseased cell, a system of pathological cells, that when they begin to functionate and each contributitng to the sum total of functionating that we call life, that in this individual there is an innate craving for alcohol, or for something, he knows not what, but when he takes his first drink he then knows that whisky is what he has been wanting, and his offspring in turn has a greater craving and less resistance.

It seems that the profession might fight an evil that is responsible for more suffering, early deaths, suicides, divorces, homicides, to say nothing of the immorality and its sequellae, than any micro-organism known to the medical profession.

It is as much a doctor's duty to keep people well as it is to get them well after they have gotten sick; why not attempt to remove the handicap to successful treatment.

It is a fact beyond dispute that to every ten alcoholics who has pneumonia or typhoid fever and die, that only one who is not an habitue would die.

In small towns especially there is no man whose advice is worth as much on every subject as the doctor's; this is the time to plant the seed of warning against the ravages of alcohol. This probably has the tone of a sermon, but there is not a medical man but who knows that he has lost many a case of infectious disease when he could have saved his patient had not his arterial system, his nervous system, his heart, liver and kidneys undergone degenerative changes, the result of alcohol.

The little micro-organism found a diseased man, one already helpless and it was easy to give him a lethal dose of poison. Tissues that respond to therapeutic measures when in their physical state fail to react when their molecular make-up has been modified by. alcohol.

We know that we are placed hors de combat when we are called to treat an old alcoholic; can't every medical man make it his business to fight the drink habit and thereby lend assistance to the extermination of the terrible handicap that we have in treating the "boozer."—The American Practitioner and News.

School Hygiene.

What are medical men generally doing about the surroundings of children in schools? Practically nothing. Until recently medical opinion in relation to contagious matters even, found its expression in very many towns only through the Board of Health. Often there was not a physician on that board at all. Now in Massachusettts there is a law which requires a degree of official medical supervision. Other states have not even taken that first step. Such official legal action is good, but far better would it be if the profession at large would interest itself. We boast of our altruistic attitude in seeking

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the prevention of disease, "and with reason for," as the old Greeks used to say. But here is a virgin field. Suppose you were to take the pains to visit, not hurriedly, but leisurely, the schoolroom where your children, or the children of your families, attend school. Would the air in that room be satisfactory? Would the light strike paper or blackboards properly? Would the desks and chairs be suitably adjusted to the individual children? Is the floor clean as it ought to be? Is the room comfortably warm in these cold winter days? These are but a few of the gross questions on which medical opinion should be decisive, and for whose solution the physicians advice is rarely sought.

There are other questions in regard to the mental development of the child with which we ought to concern ourselves. Of these we will speak another month.

Now, as to the questions noted above. We feel sure the air will usually be oppressive to anyone coming in from a brisk walk or drive in the open air. Ventilation is, for most rooms and buildings in which many people are congregated, an unsolved problem. Windows are opened perforce. Not a bad scheme in warm weather. But in cold weather draughts on pupils sitting and sending the best supply of blood to their brains instead of their skins results, in very many cases, in sickness. The teacher is too busy, the child is too ignorant, to understand this. Light in the city schools is often bad because other buildings are too near, in the country because the windows do not open out as they should for the sunlight. Curtains are little used, or it may be are altogether wanting.

Adjustable seats and desks may be, nowadays, easily obtained. But how many towns insist upon this extra expense, because the physicians say that only thus can children be protected from nervous strain and spinal deformity? And in the schools where they exist, what expert shows the mechanic or the boys who do the work, the level best adapted to the child in question? Floors are swept often enough to gather up the waste paper and other debris, but how often are they washed with an antiseptic solution, how free are they from cracks in which countless millions of germs may thrive? That is usually pretty abundant, at least toward the latter part of the session, after the forty or more little human beings have been shut up together like sheep for a sufficient length of time. But who knows what the temperature is in any schoolroom at any spot, except that one on the wall where the thermometer is fastened, if indeed there is a thermometer in the room? What right have school authorities to assume that the rest of the room has the same temperature as that one spot? We do not wish to be unkindly critical. But it is time for doctors to be looking into such things. The teachers are driven, crowded. Most of them do the best they can. Medical men should study these things and then make their opinions felt. We can if we will.—Annals of Gynecology and Pediatry.

Operative Treatment of Rectal Cancer

The operation of dissecting away the diseased bowel in cases of obstructive diseases of the rectum, though preserving the sphincter, and of bringing down the upper end and uniting it to the anus by free cutting of the mesocolon, is discussed at some length by E. Archibald, Montreal (Journal A. M. A.). He reports a case in which it was performed, and which, though unsuccessful so far as

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saving the patient was concerned, showed that the descending colon with the splenic flexure could be so loosened from its posterior attachments as to be capable of being brought down to the anus without interfering with its blood supply. He reviews the various operations that are or have been chiefly employed for rectal cancer, pointing out their drawbacks, and shows by reasoning and injection experiments on cadavers that it is possible to cut off the whole arterial supply of the descending colon, sigmoid and rectum and still have the circulation maintained as far as the lower end of the sigmoid at least, provided only that the vessels are ligated far back from the bowel so as to leave a broad flange of mesocolon containing the important anastomotic loops of the mesenteric border. He holds, therefore, that the cancerous rectum can be removed in its whole extent from the promontory downward, with the whole territory of the anorectal (Gerota) glands; that the upper segment by employing a proper method of mobilization may be brought down to and through the anal segment without tension and without danger to its blood supply; and, therefore, that the need of making an artificial anus is avoided, save for cases that come to operation during obstruction and the inoperable ones where obstruction threatens and short circulating is impossible, this applying only to cases where the sphincter does not have to be sacrificed. The operation as he would perform it is described in detail and is recommended as the normal procedure for cancers above the anus when the sphincter can be saved. The great advantage is the avoidance of the distressing artificial anus save in inoperable and obstructed cases. The operation being purely abdominal, the pelvic floor is left intact and we may expect normal sphinteric action in all cases. Other advantages claimed are thorough removal of the entire gland bearing district, greater economy of blood, less cutting of sensory nerves and less shock and presumably a lower mortality. The article is illustrated.

Ethel Anesthesia.

Dean Loree, of Ann Arbor, Mich., says that etherization requires experience and that a dosage should be established. Carbonic dioxide poisoning results from the use of closed inhalers when improperly used. Four ounces of ether per hour is a sufficient quantity to use. The longer the operation the less ether is required as it progresses. Proficiency in the art of anesthesia will prevent ether soaking of the patient.—Medical Record.

Etiology, Prophylaxis, and Therapeutics of Laryngeal Tuberculosis.

S. A. Knopf and Arthur J. Huey of New York say that alcoholism, tuberculosis, and chronic laryngeal catarrh predispose to laryngeal tuberculosis. Every tuberculous patient should be taught to restrain the dry and irritating cough, and to cough only in removing fluids from the lungs. Inhalations of equal parts of menthol, oil of eucalyptus, and spirits of chloroform are very useful in allaying irritation. Local anesthesia enough to allow of swallowing without pain in those suffering from tuberculous laryngitis is necessary and can be obtained by the use of orthoform used with the laryngeal medicator, a long medicine dropper. Laryngeal cases do best in a high, sunny atmosphere, but we should not expose them to unnecessary discomfort in prescribing cold, fresh air. The author has made

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use of Bier's hyperemia method used with the Kuhn lung mask, and has obtained favorable results in almost all cases. A marked congestion of the mucous membrane is produced which is lasting. Local anemia disappears and ulcerations take on a healthy character. With the aid of early diagnosis and proper hygiene the sufferings of these patients may be relieved and many may be cured.—Medical Record.

Acute Bulbar Paralysis With an Unusual Symptom.

Alfred Gordon of Philadelphia describes a case of bulbar paralysis which was accompanied by the unusual symptom of complete mutism. Here the atrophy of the muscles which preside over the pronunciation of spoken words must have been severe, so that they had undergone complete degeneration. The function of the lips, tongue, palate, and larynx was abolished.—Medical Record.

The Diagnosis of Appendicitis.

I. C. Case, Fort Worth, Texas (Journal A. M. A.), offers a most useful method of differentiating the pain in appendicitis from those of other conditions simulating it, the sudden and forcible compression of the descending colon in the flaccid abdomen, by pressure on the left lumbar and inguinal regions. The forcing of the gas in the colon backward to the cecum causes a sudden pain in the inflamed area, due to induced peristalsis or movement excited by the sudden cecal distension. He first observed the phenomenon in using abdominal massage for constipation in a patient after an attack of appendicitis, and has repeatedly verified its diagnostic value in real and supposed cases of the disease. He has also been accustomed to mention this effect of distention and motion of these organs in lectures to his students. Since starting to write his article he has seen an article in the Centralblatt fur Chirurgie, Oct. 26, 1907, by Rovsing of Copenhagen, who has been working on the same principles underlying the test and his methods of applying it are the most exact and practical.

Medico-Legal.

The Supreme Court of Montana says that in the personal injury case of Stephens vs. Elliott the physician who attended the plaintiff at the time of his injury and for some two months thereafter, was permitted by the trial court, over the objection of the defendant, to make use of the plaintiff's arm to demonstrate or explain his testimony. The reason urged for the objection was that the testimony already given by the plaintiff was to the effect that other physicians had operated on the injured arm after this one had ceased to give it his care and before the trial. But, conceding this to be true, the court wholly fails to understand how it could affect the testimony of this physician in so far as his conclusions were based on facts obtained by him at the time of the injury, or why he could not by the use of the injured arm make his testimony all the more easily understood by the jury. Such an inspection of the injured limb in the presence of the jury is usually permitted; at least, the application to make such inspection is addressed to the sound, legal discretion of the trial court, and its ruling will not be disturbed except for a manifest abuse of such discretion. The court fails to see wherein the trial court abused its discretion in this instance.

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Personal

Oregon.

Dr. J. E. Shearer, of Roseburg, was in Albany last month.

Dr. E. W. Barnes, of North Powder, has removed to Medford.

Dr. Jay Tuttle, of Astoria, paid a visit to Seattle last month.

Dr. M. G. McCorkle is in California for the benefit of his health.

Dr. E. J. Page, of Oakland, was a visitor in Roseburg last month.

Dr. S. M. Strohecker, of Hermiston, visited in Pendleton last month.

Dr. P. H. Fitzgerald, of Gervais, was on the sick list last month.

Dr. P. J. Bartle, of Eugene, was in Leaburg last month on business.

Dr. N. Molitor, of La Grande, was at Cove last month in consultation.

Dr. H. E. Curry, of Baker City, was a North Powder visitor last month.

Dr. W. H. Flanagan, of Grants Pass, was a Portland visitor lately.

Dr. A. E. Wrightman, of Silverton, has opened a hospital at his residence.

Dr. J. W. Robinson, of Jacksonville, was a visitor in Medford last month.

Dr. O. B. Estes, of Astoria, has had to build a garage for his new $8000 auto.

Dr. G. W. Stephenson, of Medford, suffered from a sprained ankle last month.

Dr. Geo. H. Strowbridge, of Portland, was an Astoria visitor last month.

Dr. E. B. Pickel, of Medford, was calling on his Portland friends last month.

Dr. J. E. Shearer, of Medford, has some interests in lead mines at Mataline, Wash., which he has been lately inspecting.

Dr. P. J. Bartle, of Eugene, made a professional call at Dexter last month.

Dr. J. B. Morris, of Lewiston, was in Portland on professional business recently.

Dr. S. M. Mann, of North Powder, was a witness in court at La Grande last month.

Dr. N. Molitor, of La Grande, made a professional call at Summerville last month.

Dr. W. H. Booth, of Lebanon, called on his relatives and friends at Salem last month.

Dr. and Mrs. C. M. Pearce, of Sumpter, were calling on their friends in Baker City last month.

Dr. R. D. Hamilton, of Medford, was called to Phoenix last month to operate in a surgical case.

Dr. A. C. Seely, of Roseburg, was compelled to return to Portland last month for additional treatment.

Dr. B. F. Giesy, of Aurora, is stated by the local papers to have one of the prettiest houses in Oregon.

Dr. and Mrs. W. H. Dale, of Harrisburg, were visitors in Eugene last month to a theatrical attraction.

Dr. W. C. Hawk, of Bay City, was a visitor in Albany last month on business before the probate court.

Dr. J. W. Huff, of Baker City, has purchased a farm in Powder River Valley, north of Baker City five miles.

Dr. H. I. Keeney, of Portland, was called to Brownsville last month on account of the serious illness of his father.

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Dr. C. H. Robertson, of Salem, had a visit from a burglar last month, and some valuable things were taken from his house.

Dr. A. C. Kinney, of Astoria, has been at Pasadena for his health. Last reports were that he had not improved in health to any extent.

Dr. Geo. M. Roberts, of Long Creek, has taken a trip to Texas, and from there he will go to Chicago, where he will take some post-graduate work.

Dr. Eita Hill Schnauffer, formerly of this city, writes us that she has been traveling since 1906 with a sick friend, but hopes to return here some time in the near future. The Doctor is at present in Alhambra, Cal.

Dr. C. E. Stuart, of Oregon City, had an experience with some blasting powder last month, with which he was experimenting. The windows in the Doctor's office were blown into the street, and the experimenter was injured, though not seriously.

Washington.

Dr. J. J. Smith, of Enumclaw, has returned from Arizona.

Dr. J. R. Harvey, of Sunnyside, has purchased a new residence.

Dr. and Mrs. Rich, of Roy, were visitors in Yelm last month.

Dr. Harry K. Lum, of Monroe, was a caller at Everett last month.

Dr. J. J. Smith, of Enumclaw, went to Arizona on a trip last month.

Dr. Z. T. Dodson, of Cleveland, was in Bickleton last month on business.

Dr. Bird, of Kelso, attended certain Masonic doings at Olympia last month.

Dr. and Mrs. Peter L. Opsvig, of Everett, visited in Victoria last month.

Dr. Bumgarner, of Thornton, and Dr. Stuht, of Colfax, were in Winona last month.

Dr. Peterkin, of Seattle, was calling on some of his many Portland friends last month.

Dr. William Teepell has moved from McMurray. Dr. Berry has taken his practice.

Dr. John D. Thompson, of Winlock, was appointed health officer of his city last month.

Drs. H. K. Lum and Stevens, of Monroe, called on their friends at Everett last month.

Dr. C. E. Munn, of Marysville, called on his daughter at college at Tacoma last month.

Dr. and Mrs. C. M. Frazee, of Sedro Woolley, made a professional trip to Clear Lake last month.

Dr. Wayne L. Bridgford, of Olympia, was a visitor on his parents at Albany, Ore., last month.

Dr. F. L. Carr, of Hoquiam, spent two days in Montesano last month, looking after his interests.

Dr. and Mrs. E. L. Kiskern, of Centralia, entertained a number of friends at their home last month.

Dr. Geo. T. Boyd, of Palouse, was called to Colfax last month to see his sister, who was seriously ill.

Dr. A. B. Cook, of Colville, was appointed city health officer last month at a salary of $150 per year.

Dr. and Mrs. J. C. House, of Port Townsend, entertained their friends at a dancing party last month.

Dr. L. L. Stephens, of Monroe, has

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just purchased a $7000 ranch at Fern Bluff. He proposes to keep cows.

Dr. F. M. Rossiter, of North Yakima, is defendant in a suit for $11,000 for alleged failing to set a broken collar bone properly.

Dr. F. H. Luce, of Davenport, spent some time last month on the coast, in connection with his duties as National Bank Examiner.

Dr. A. S. Austin, of Aberdeen, lost a case of surgical instruments from his automobile last month. So far he has not located the thief.

Dr. and **Mrs. James Sutherland,** of Spokane, spent several days last month in Portland, where the Doctor was a patient in a hospital.

Dr. W. A. Egbert, of Spokane, slept for thirteen days, and waked up last month. Local physicians have puzzled themselves over the case.

Dr. W. M. Newman and **Dr. D. L. Smith,** of Spokane, have both announced that they propose to run for the office of coroner at the next election.

Dr. S. H. Johnson, of Bellingham, has been elected a member of the Board of Directors of the Washington Association for the Prevention and Relief of Tuberculosis.

Dr. G. B. McCullough, of Seattle, has been experimenting with some meningitis serum, received from New York, and the effect thereof on his patients will be watched with much interest.

Dr. G. M. Gould, of Rockford, is a candidate for coroner of Spokane county. The Doctor has been mayor of Rockford for two terms, and he thinks that he could fill the proposed office with distinction.

Idaho.

Dr. George O. A. Kellogg, of Nampa, was a visitor in Caldwell last month.

Dr. J. C. Woodward, of Payette, is interested in the fine new brick block in his town.

Dr. R. E. Dunlap, of Mohler, was in Nez Perce last month on a professional visit.

Dr. W. J. Middleton, of St. Anthony, spent some of the coldest weeks of the winter at Boise.

Dr. J. D. Shinnick, of Elk City, was called to Oro Grande last month on professional business.

Dr. and **Mrs. T. O. Boyd,** of Twin Falls, went to Salt Lake last month, where Mrs. Boyd is having treatment.

The Misuse of the Voice and Its Cure.

N. J. Poock Van Baggen of The Hague continues his articles on voice culture. The principal faults in the action of the vocal chords are made during the pronunciation of, or attack on, the vowels. They are attacked in three ways. The right way is the spiritus lenis, the glottis being in the position of phonation at the moment when the breath issues. If the voice is preceded by unvocalized breath, the spiritus asper, the formation of the vowel is incorrect. The third form, also incorrect and very tiring, is the check glottid, a sudden explosion occurring at the moment of phonation. The author then describes the exercises useful for correcting the improper formation of the vowels.—Medical Record.

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MEDICAL SENTINEL

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Notes

On March 17th, at Tacoma, the Pierce County Medical Association discussed the subject of medical legislation. A local member of the legislature was present, and the subject was very thoroughly discussed from all points of view.

On March 4th the quarterly meeting of the Willamette Valley Medical Association was held at Corvallis. The members of this association always have a very interesting time when they meet, and the March meeting was no exception to the rule.

A postal card dated Vienna, from Dr. C. J. Smith, of Pendleton, states that he has about finished his work at the Austrian Capital, and would sail for America March 15th. Probably by this time the Doctor, if not at home, is well on his way there.

The new commissioner of health for the city of Seattle gets a salary of $5000 a year, the latest incumbent of that office being Dr. J. R. Crichton. The Doctor has been a member of the city council for sixteen years, and has an intimate knowledge of the actual workings of the different departments that are under the supervision of his department.

Quite a number of physicians in Portland have moved from their old locations during the past month or two, into new and more convenient buildings. Some of the buildings which have had their pick of tenants in past years, are now experiencing the novel experience to them, of having empty offices without a long waiting list.

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Harris Frantz Company.—The Harris Frantz Company, of Seattle, Wash., is a new firm on the Pacific Coast fully equipped for, and actually engaged in the manufacture of pharmaceuticals, druggists' supplies, fluid extracts, tablets, pills, elixirs, etc. The Medical Sentinel knows some of the people who are interested in this new firm, and can vouch for the fact that they are reliable and responsible, and we bespeak for the enterprise the good will of all concerned.

The next annual meeting of the Medical Editors' Association will be held in Chicago on May 30th and June 1st, with headquarters at the Auditorium Hotel. The last meeting of the Association, at Atlantic City, was a most successful one, and it is the intention of the officers to make the meeting in Chicago even more attractive in every way. The Medical Editors of the country who are in sympathy with the objects of the Association should take part in this meeting and join the society.

Too much politics seems to be at the bottom of the trouble with the Seattle Health Department. Physicians claim that the system now in use has made the department merely a place to provide jobs for active politicians. Everyone will admit that the best man that can be secured should be appointed as Commissioner of Public Health in Seattle. It is to be hoped that the leading medical men of the city will be consulted by the appointing authorities, and that a thoroughly efficient man will be appointed to the post.

The residents in the southern part of Portland have been very much exercised during the past month, over the proposed location within the city limits of a mammoth slaughterhouse. The citizens in the immediate locality of the proposed slaughterhouse were divided. Some were up in arms against the project, because they insisted that it would be a menace to their health; others wanted it because they believed that it would bring business to the locality in question. The problem thus presented was happily solved by the applicants for the privilege deciding precipitously that they did not want to establish the business, anyhow. One can scarcely imagine a slaughterhouse being managed in such a way in a larg city, surrounded by a large population, as not to be a menace to health.

There has developed some trouble in Seattle over the location of the proposed Orthopedic Hospital on Queen Anne Hill, and the City Council has been requested to pass an ordinance against its construction on the proposed location. The objections raised to it come from residents of the vicinity where the institution was to be located. A great number of physicians of Seattle claim that the opposition is ill-timed. They insist

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that the work will be a blessing to the city and the hospital an ornament to the locality. It should be located where it will be easy of access for visiting surgeons who donate theirservices, and it must also be where plenty of air and sunshine can be obtained. Considering that contagious diseases will not be admitted to the institution, it will seem that the objections that have been raised are not well taken.

Every town large enough to have a local medical society realizes the importance of a library being established, at which local physicians can find books dealing with every phase of disease. The very few successful practitioners who can afford to maintain libraries covering a sufficiently wide range for every emergency do not feel the necessity of the maintenance of a medical library open to all members of the profession, but a very large portion of the population of any city must necessarily employ physicians who are not able to maintain large libraries. It will seem that in the public interest any movement made in some communities for the establishment of a thoroughly up-to-date medical library is worthy of support. In some cities in different parts of the country, where Carnegie libraries exist, a part of the space in these libraries is devoted to medical works, accessible only to members of the profession. It would seem that in cities where there are public libraries under the Carnegie system or otherwise, some arrangement might be made by which medical libraries might be maintained at a small cost for maintenance, which would prove a boon to the profession and indirectly to the general public.

At a meeting of the committee on publication of the Oregon State Medical Association last month, the following resolution was ordered to be given to the daily press of Portland for publication. This resolution has been officially adopted by the above-named association:

Whereas, The cultivation of garden products in many communities in the State of Oregon is in the hands of Chinese and other people of Oriental races; and,

Whereas, It is the custom of Oriental races to use human excrementitious matter for the fertilization of the soil in the cultivation of garden products; and,

Whereas, It is a well known fact that many diseases caused by animal and vegetaable parasites are disseminated through the agency of and by the distribution of infected and contaminated garden products; therefore, be it

Resolved, That the Oregon State Medical Association, through its secretary, be and is hereby ordered to direct the attention of the State Board of Health, and all town and county boards of health, and in the absence of county boards of health to all duly constituted health authorities wherever they may be, to the end that the spread of disease through the agencies referred to may be forever prevented.

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Editorial Notes

Put the Standard Up!—In the light of the increasing number of medical students that are attending our medical schools, a recent writer who fears that the supply of doctors will not equal the demand, would seem to be blind to present day conditions. We find him asking the question: "If the present trend continues, who will attend the rural residents? Are they to be deprived of the services of a physician on account of commercial and other considerations?" No indeed. There is no danger. The most enlightened writers today on medical subjects are insisting that for the good of the public and the profession, the lines shall be drawn tighter than ever; that the medical student shall be required to have a better general education than ever; and if such tightening of the lines result in fewer impecunious young men and women joining the profession, it cannot be helped. There is no need to deplore a scarcity of doctors. There are plenty, and if there is any rural community on the Pacific coast that needs a physician, let it write to the Medical Sentinel, and we will put him on the track of some aspiring young man who is willing to join them. Of course, no family that lives twenty miles from nowhere, can expect to have a physician ready to respond to a call, within a mile or two. The pioneers who take their lives in their hands and go out into the backwoods must always depend upon a physician who lives in some small center of population. Such pioneers are usually young and vigorous, anyhow, and contribute but a small amount of money in a year to the financial support of a medical man.

In these days one can read views on all sides of almost any question, but it certainly is astonishing to read in the Bulletin of the American Academy of Medicine, that there promises to be a shortage of physicians because the requirements, educationally, are being set too high. We don't believe anything of the sort. Put up the standard. It need not be lowered until there is a much greater chance of being a shortage of students than there is today.

Prizes by Tuberculosis Congress.—The central committee of the International Congress on Tuberculosis has offered several prizes of $1.000 each in connection with their work. One prize is for the best evidence of effective work in the prevention or relief of tuberculosis by any voluntary association since 1905. Another prize of $1000 is offered for the best exhibit of an existing sanatorium for the treatment of curable cases of tuberculosis among the working classes. Another prize of $1000 is offered for the best exhibit of a furnished house for a family or group of families of the working class, designed in the interest of the crusade against tuberculosis. This prize is designed to stimulate efforts towards securing a maximum of sunlight, ventilation, proper heating, and general sanitary arrangement for an inexpensive home. A model of house and furnishing is required. Each competitor must present a brief, with drawings, specifications, estimates, etc., with an explanation of points of special excellence. Entry may be made under competitor's own name. Another prize of a $1,000 is offered for the best exhibit of a dispensary or kindred institution for the treatment of the tuberculous poor. Another prize of $1,000 is offered for the best exhibit of a hospital for the treatment of advanced pulmonary tuberculosis. It is grati-

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fying to see that so much interest is taken in this subject.

Recrudescence of Plague in Sydney.—Owing to the failure to enforce the health regulations in regard to rat-proofing buildings, and the apathy and indifference of the people in the suburbs to the special ordinances against rats, plague has again appeared in Sydney. In February, 1908, three cases were discovered among white people, one a young woman of excellent character, and the others among men. On investigation it was found that the cases had occurred in a district where the "produce stores," stables and markets had not complied with the laws of the Board of Health passed three years ago. It was also stated that the blame rests with the municipality for not enforcing the law and compelling the people to make such places rat-proof. Much bitterness of feeling has been engendered by this discovery, for the law-abiding citizens realize that they have another long, expensive and dangerous fight against plague on their hands. The infection in two of the cases was traced directly to a "produce store" in which dead rats had been found five days before. The owner of this store had failed to comply with the regulations requiring all places of this character be made rat-proof.

The Drug Peddling Evil.—We hear occasionally of the itinerant drug peddler who travels over the country selling his wares to the gullible public, but in the sparsely settled far West, the evil has not, perhaps, become quite as pronounced as it has further east. Unless efficient state laws are enacted and enforced, dealing with this evil, one can readily see its enormous possibilities for evil. The peddler, to reach the greatest amount of success, would of course equip himself with good clothes and claim to be educated in medicine. When he comes across the housewife, she will admit that she has a sick child, or that some other member of the family is suffering from some other disorder. All he would have to do, in such a case, would be to look wise, diagnose the trouble at long range and prescribe the contents of a bottle or pill box which he conveniently and fortunately has with him in his satchel. If he were smart, he would develop ability in sizing up the pocketbook of the housewife, and put the price on his medicine accordingly. He certainly would not be liable to conviction under the ordinary laws covering the practice of medicine, and it is difficult to see why this opportunity to make money is not more generally followed in the states where the laws are as loosely drawn as in Oregon, and many other Western states. The middle west particularly appears to be suffering at this time from this evil, and druggists and physicians can certainly meet on common ground and endeavor to eradicate the evil. The evil of delivering samples of drugs and quack medicines in the resident districts, exists more or less all over the country, much to the injury of the public. This sample evil, and the drug peddler evil belong to the same class, and should be met without hesitation by those who can the most readily see the evil resulting therefrom. The most difficult problem in connection with this subject is to convince the lawmakers and the public in general that efforts to suppress the evil are not actuated by selfish motives.

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THE MEDICAL SENTINEL

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PORTLAND, OREGON

With the Collaboration of the Officers of The State and District Medical Societies of Oregon, Washington, Idaho, Montana and Utah

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A SOURCE OF WORRY

There is no side of the physician's business that worries any more than the business side. How to collect accounts that are overdue, and that the debtors manifest no desire to pay, causes some physicians more trouble than the accounts are worth. The account that was clearly recognized from the first as one of charity can be marked off the books without a regret. But how about the case in which good time and thought were expended by the practitioner over an ailment brought on by expensive habits or actions, and after the services were rendered, the debtor laughs at the creditor? If the physician who rendered him the valuable services were the only physician available when sickness again comes, there would be some satisfaction in collecting the overdue account at the point of the bayonet, as it were; but there are other physicians who can be called in when needed, and they will experience the same mortifying attempts to collect. A strange or new patient can seldom be required to pay in advance, as a suspicious guest may be required to do in a hotel. If this were possible, it would be an easy solution of the difficulty. The work of the physician is such that he can rarely demand pay for his services in advance. And yet, if he could, the sufferer would invariably hand over with the greatest haste and pleasure almost any sum demanded, that was within his power to pay. When the physician is called, and when the pangs of disease are at their worst, no amount of money would be regarded as too much for the desired relief. But after the pain has departed he forgets the reason for the hurried physician's call, makes light of it in fact, and turns the bill rendered over in his hands, looks at it back and front, and says it is altogether too high, but he will attend to it in due course. The physician eventually loses his self-respect by dropping the matter entirely, or by accepting less than he is entitled to, to square the account.

In some states the equitable law prevails which gives the physician the same privilege in collecting a bill that it gives to a hotel-

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keeper—requires the debtor to pay regardless of the statutory exemptions. The physician is entitled to such protection. The grocer can refuse to put the goods across his counter until he receives his pay. The physician would be regarded as being heartless if he refused to give relief to his patient until his fees had been paid. And yet experience teaches in many cases that this would be the only way for him to receive any remuneration for what he does.

In some cities physicians have organized for mutual protection, and they have collection agencies under their own management to look after their bills. The average collection agency does not secure results. The nature of the business may be at fault. The agencies seem to start out well, and give plenty of promises as to what they can accomplish, but the results are poor in the way of achievement. Business capacity and persistence are essential to the success of a scheme for collecting bad bills, and the physicians who can secure these qualities in an individual collector, or an agency, is to be congratulated.

BILLS RELATING TO PUBLIC HEALTH

There are two bills now before congress, one numbered House Bill 18792 and the other numbered 18794, both introduced by Mr. Hepburn, of Iowa, relating to the duties and emoluments of the Public Health and Marine Hospital Service. Experience teaches that every measure looking to the improvement of the public health service has to be fought through congress with more persistence and energy than almost anything else. It is a comparatively easy matter for the advocates of measures which deal with the destruction of life to secure what they want, but when it comes to bills whose object is to preserve life and protect the health of the public, then opposition is met in every quarter. Some day, let us hope, a competent analyst of human motives will write a book on this subject and explain why it is not only in the United States of America, but in every other civilized land, it is so difficult for those who seek to prevent disease to secure public measures which will accomplish what they are after. The men who work in the public health and marine hospital service are fighting disease all the time. The soldiers and the officers of the army, and the rank and file of the navy and their officers spend most of their time in peaceful avocations; but the physicians who devote their time to the work of the Public Health and Marine Hospital Service are always contending against the spread of bubonic plague, cholera, or some other contagious disease which threatens the health of the nation. This subject is especially interesting to all those people who live on the Pacific or the Atlantic Coast. It certainly would be a good thing if the physicians of the country, all of whom are interested in this work would write to their members of congress and urge upon them the importance of securing the passage of Mr. Hepburn's bills. They are carefully drawn, and their purpose is among

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other things to secure the same pay and allowances of the commissioned medical officers of the Public Health and Marine Hospital Service as is enjoyed by the officers of the medical department of the army. The other bill defines more clearly the duties of the Public Health and Marine Hospital Service and for the establishment of a school of hygiene, to promote more efficiently the objects of the service.

AN AWAKENED PROFESSION

"When will the Profession Awaken?" a contemporary asks. This particular awakening has reference to "the importance of the field of featural surgery." This is excellent in its way. But there are other subjects to awaken about. In the long list of prospective candidates for legislative honors in Oregon, Washington, Idaho and other states, west, middle west, and east, are they being canvassed with a view to ascertain how they will stand when some crucial sanitary matters are brought before them? "Statement No. 1" looms large hereabouts before the people at this time. It is one of the least significant propositions that comes before the voter. The revision of the medical laws, so that sisters, daughters and cousins will not be killed by abortionists; so that the health of the community will not be assailed by ignorant adventurers, masquerading under names of various isms that are erroneously supposed to be allied to the medical profession; so that our streams will not be polluted; so that quack advertising and misrepresentation will not be permitted; so that every adventurer and adventuress who promises to cure the ills of humanity will be watched and run out of the state; these are some of the problems that are of infinitely more importance to the life of the people, than the issues that are really befogging the public's eyes. The medical profession, however, is pretty wide awake, and it is not nearly as much necessary that it should awaken, as that the public itself should awaken to its needs and privileges. It is a very stubborn creature—this public. It is in the habit of viewing the medical man who in a spirit of the truest altruism seeks to lessen sickness, as having an axe of his own to grind. It is a long uphill task—that of awakening the monster.

THE LATE DR. KINNEY

In the death of Dr. August C. Kinney, of Astoria, the medical profession has suffered the loss of a most worthy and honored member. Early in his professional life his great love of scientific research, and his ability and untiring zeal as a student, caused him to delve deep into the mysteries of his chosen profession, thus taking a place among the advanced students of his time. Several years ago he be-

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came deeply interested in the study of the treatment of pulmonary tuberculosis by the hypodermic use of tuberculin, which question was engaging the attention of some of the great investigators of that period. His was a pioneer work along that line, and the marked success which attended his large clinical experience caused him to make some valuable contributions to the literature on the subject which were printed in the German press. He was by nature a high-minded gentleman, a strictly ethical student and practitioner, and a philanthropist of large caliber. He traveled much in search of knowledge, visiting the principal medical centers of the world, and being possessed of ample means, his opportunities for accomplishing much in his chosen field were great. He had always an attentive ear and a large fund of advice for those who sought his council. It was a rare privilege to have known him.

Grand Old Man of the medical profession in Oregon, hail and farewell!

RAILWAY SANITATION

The Oregon State Board of Health has, in a recent bulletin, said a few words on the above subject, which are good, but they should be followed up by active work. The aid of the State Railway Commission has been enlisted, the work being directed especially to providing proper sanitary conveniences at stations, cleansing and disinfection of railroad stations, terminals and passenger cars, and attention is also called to the general custom of depositing human waste products along the roadbeds of the railroads, and frequently at station stops, thus endangering water supplies, and causing the spread of typhoid fever and other diseases by flies acting as carriers.

A discussion of this entire subject is not without profit, but it is a question if the laws of this state give the railroad commission adequate powers in the premises. Heretofore influences other than those which seek first the public good have so far dominated all legislation in this and other Pacific coast states, that it is not likely any law has been allowed to slip through that would give undue power in this regard to the railroad commissioners. At the same time, suggestions that will not be too radical, and which can be carried out without too great expense may be valuable, as the railroad officials are willing to do many things when proper suggestions are made, to conserve the health of their passengers and employes. The pioneer railroad in any country always adopts the very crudest sanitary methods, and a constant effort is required to get them out of the pioneer rut, and into the adoption of up-to-date measures for the protection of the public health. It is a cause for congratulation that the State Board of Health has taken the matter up, and we have no doubt they will follow it along until they secure much improved conditions, if even their ideal is not reached.

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THE EARLY SYMPTOMS AND DIAGNOSIS OF PULMONARY TUBERCULOSIS

By E. A. PIERCE, M. D.
Portland, Oregon

Read before the Idaho State Medical Society, October, 1907

The modern theory of the curability of Pulmonary Tuberculosis depends upon early diagnosis.

The fact has been established that the disease, if recognized in the early stage, can be arrested or apparently cured in a very large percentage of cases, while if first seen at the later stages, we can only hope for improvement or temporary arrest of the destructive process, while many can not be benefited at all.

At this time, when the civilized people of all nations are interesting themselves in the struggle to arrest the destructive disease, an increasing demand is felt for greater accuracy in diagnosis in order that a right selection of cases may be made.

The most pitiful plea of the advanced consumptive, and one that is often heard, is, "Oh, that I might have known of my condition in time!"

The question, whether the diagnosis can and should be made, when tubercle bacilli are not found in the sputum, has been a source of great difference of opinion among many of the distinguished writers.

In my limited experience, supported by such writers as Gerhardt, Eichorst, Grancheor, Turban, Oestriech and Kronig, I am confident that the first stage of tuberculosis of the lungs may be demonstrated before bacilli appear in the sputum.

Turban states that the explanation of so much confusion can only be that some writers cling to the distinction between non-tuberculous. apical catarrh and tuberculous, apical catarrh, and the notion of a transition from the one to the other.

Dettweller says: "That local diseases of any kind may smooth the way for tuberculosis is just as possible as the converse. In fact, in this respect, there appears to be a regular vicious circle, from chronic catarrh of the air passages to tuberculosis and back again."

I believe that I am safe in stating that bacilli are, in general, first found in the sputum when foci soften and invade a bronchus, i. e., when tuberculosis, until then "closed," becomes "open." Such closed foci may remain without symptoms for years, and in some cases throughout life. In other cases, long before the bacilli or elastic fibers appear in the sputum, symptoms of ill health and lowered vitality may be seen, although symptoms of tuberculosis are not present.

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Loomis' and Pizzoni's splendid researches warrant the conclusion that, like the seed on stony ground, the tubercle bacillus can persist in a viable condition in an insusceptible host for a great length of time, only springing into activity when some departures from health, which we recognize as predisposing causes, lower the resistive power.

SYMPTOMS OF EARLY TUBERCULOSIS.

Of inestimable value to me in the examination of patients is a complete and extensive personal and family history. In this examination, the most trivial departure from health of the individual should be elicited. Environment, occupation, habits, weight at different ages, whether he has lived or worked with one having tuberculosis or a habitual cough, whether he has been exposed to dust, and, most particularly, as to digestive functions and nervous symptoms.

If a patient is easily tired, looks pale, changes color on slight exertion, has loss of appetite, constipation, frequent diarrhoea, o' persistent loss of weight, there is an evidence of disturbance of nutrition which demands a thorough examination of the thorax.

Chlorosis, or disturbance of circulation, with pulse either persistently rapid, or rising from normal to 100 or 120 on slight exertion, are suspicious symptoms; also, temperature sub-normal in the morning with evening rise.

In women, the temperature may vary at the menstrual period. There is usually a rise before and depression after menstruation. Pain under the shoulder and radiating down the arm is of frequent occurrence. Cough is usually dry and hacking at first, but as the alveoli and tubes become involved the quantity of sputum is increased.

Teichmuller states that months before the bacilli are found, the sputum contains eosinophile cells which diminish in number with the appearance of the bacilli.

Latham states, that a positive diagnosis of pulmonary consumption should be made when hemoptysis, even to such small extent as a teaspoonful, is associated with suspicious physical signs or symptoms, and a careful examination reveals no evidence that the blood comes from the upper air passages, or is dependent upon other disease than tuberculosis.

Some authors go further than this, and say that we should make a positive diagnosis of consumption in every case in which hemoptysis occurs, and no cause for it can be found.

Anaemia of the larynx and other mucous membranes, which does not improve under general treatment, should be regarded as warranting a most rigid examination of the lungs for tuberculosis, which is a frequent cause of persistent anemia. The pallor being regarded as no sign that the larynx is affected with tubercle.

PHYSICAL SIGNS OF EARLY TUBERCULOSIS OF THE LUNGS.

If the patient has recently spat blood, the examination need be only a superficial one. Inspection will reveal any difference in expansion of the two sides. The lagging of an apex is evidence of deficient expansion. If the patient is seated with his face to the light, and the examiner looks from behind, down over the apices, it can be easily de-

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termined which, if either, of the apices lags in expansion. Depression, above or below the clavicle, points to a contracted apex. Uneven dilatation of the pupils may precede the disease for months or years; red or bluish lines along the gums is a frequent symptom. The red is said to correspond to the acute stage, the blue to the chronic stage. Slight swelling of the thyroid gland is often noticed, particularly in young females. The reaction of the bared skin is to be noticed. It may become pale, and "goose flesh" often appears in the tuberculous patient. Cushions above and below the clavicle, while indicative of emphysema, do not preclude the disease.

Tessier has observed intermittent albuminuria as preceding an outbreak of tuberculosis.

PALPATION.

The lagging of an apex can be readily appreciated by placing the palms of the hands evenly and lightly over the apices, and instructing the patient to breathe deeply. Personally, I prefer this method to inspection. Any departure from normal, in vocal fremitus, can be usually detected, providing the integument is not too thick.

The position of the apex-beat can usually be demonstrated by instructing the patient to bend forward while placing the palm over the region.

In tuberculous contraction of the left lung, the apex will be displaced outward and usually raised. A persistently rapid pulse, that can not otherwise be accounted for, is, in my opinion, strong evidence of a tuberculous process.

PERCUSSION.

It is my practice to use the finger-finger method, never having been able to get good results in any other way, notwithstanding that much is claimed by various writers for the different methods. Both light and firm percussion should be employed where possible. Dulness on percussion over vesicular tissue indicates lack of normal vesicular activity, and hence is an evidence of impaired function, unless caused by thickened pleura or pleural effusion.

Laennec says: "Flabby, flaccid parietes gives a duller, more toneless sound to the air containing tissues beneath, than firm, well-conditioned ones."

Turban says: "Displacement of the heart, dullness three-quarters of an inch or more to the right, with or without displacement of the heart, is such a frequent symptom of moderate contraction at the right apex, that he considers it a typical and cardinal symptom of right apical disease of some standing."

AUSCULTATION.

Many instruments have been devised for auscultating the chest. Principal among them are the Bowles' Stethoscope and the Phonendoscope. These instruments, in my experience, magnify the normal chest tones to so great a degree as to be often misleading. Where it is not convenient to use the ear to the thinly covered chest, I prefer the old-fashioned straight tube made either of wood or metal.

Roughened breathing is usually the earliest sign heard on auscul-ta-

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tion, indicating tuberculous involvement. It must not be confused with sharpened vesicular breathing, or with the pleuritic rub.

Sahli describes the origin as fusion of pure vesicular breathing, caused by the presence of secretions in the terminal bronchioles.

Dettweiler gives as its origin, swelling of the finer air passages. This sound is less often found in emphysema. The presence of cog-wheel breathing is an evidence of functioning tissue with adjacent infiltration. Cog-wheel breathing at the apex indicates a tuberculous process.

Gerhardt regards sharpened vesicular breathing as one of the earliest signs of tuberculosis. Weak vesicular breathing, next to roughened breathing, is regarded as the earliest sign of apical disease.

Prolongation of the expiratory murmur, extending over an entire lung, is considered to be a sign of bronchial catarrh or of emphysema. A variety of rales are usually heard over the involved area. Fine crepitant rales are generally heard most often at the apex, and at the end of inspiration. These rales appear very early in the disease in a large percentage of cases. If they persist over a given area, it is strong presumptive evidence of tuberculous infection. In the ulcerative form, as the disease progresses, the coarser moist rales appear; if the disease is of pleuritic origin, there will be found the various creaking, rubbing, grazing sounds, unless prevented by an accumulation of fluid.

Microscopic examination of tuberculous pleuritic fluid seldom reveals the presence of tubercle bacillus.

DIFFERENTIAL DIAGNOSIS.

Pneumonia of non-tuberculous nature is almost always confined to the lower lobes. If accompanied by any of the signs or symptoms of tuberculosis, the case should be watched with suspicion.

Turban says: "Given apical changes, without previous pneumonia, and when inhalation of dust can be excluded, the diagnosis is almost certain." Apical disease is often associated with various konioses. Owing to deposits of fibrin the involved area will be contracted, the respiratory murmur roughened or sharpened, fine dry rales or crepitation, and an absence of moisture will be noticed.

ACTINOMYCOSIS.

The rapid course, the greater disposition to softening and cavity formation and the appearance of the mycelium in the sputum will prove the diagnosis.

ECHINOCOCCUS.

There is a similarity of symptoms in both diseases prior to the discharge of the cyst. Positive differentiation in the two first stages can only be made by the discovery of the tubercle bacillus. The disease is ordinarily basic. Fibro sarcoma is usually of slow growth; the apices are not involved until late in the disease. In doubtful cases, Turban employs tuberculin with some success as a diagnostic agent.

Iodide of potash in three grain doses continued for several days, I have found of benefit in producing signs of local catarrh over suspected area. The use of certain mineral waters is claimed to produce the same effect. My experience with tuberculin as an aid to diag-

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nosis has been limited, but judging from the reports of our greatest investigators, I believe it to possess great value, and intend to use it in doubtful cases.

Greene states that under the skillful use of the Fluoroscope much may be learned of the movement of the lung in incipient cases. I have not employed it in my examinations to any extent.

It has been my experience that many patients suffering from tuberculosis, who present only suspicious symptoms, will improve rapidly under general tonic treatment; but the disease then only becomes dormant, and with the first disturbance of nutrition, breaks out again. The gravity of this condition should be thoroughly impressed upon such cases, also the necessity of repeated examinations and an immediate report of any departure from the normal standard of health.

If we are unable to convince our patient that he may have tuberculosis, he is liable to neglect the care that is necessary to prevent a subsequent break-down at a time when too late to prevent the further ravages of the disease.

The Ethics of Surgery.

C. W. Oviatt, Oshkosh, Wis. (Journal A. M. A., April 4), pleads for higher standards of qualification in those adopting surgery as a specialty. He quotes Dr. Maurice H. Richardson's address at the Portland session of the American Medical Association, that the proper fitting of a surgeon calls for a much longer experience as a student and assistant than the most exacting schools require, and says it offers none too high an ideal. There is, he thinks, too much of the commercial spirit in surgery at the present time, fostered by the low-grade irregular medical schools that have multiplied during the last three or four decades. There is at present a general reaction against the unethical commercial spirit that has ruled so long, and it is to be hoped that, witr the other reforms, there will be established a higher legal and moral standard of qualification for those who assume to do surgery. Oviatt would advise the expectant surgeon to follow Richardson's advice and would add that of Senn, "to do general practice for several years, return to laboratory work and surgical anatomy, attend the clinics of different operators and never cease to be a physician." He would next have him assured that he is the possessor of a well-developed, healthy, working "surgical conscience," that will temper his ambition and make him a safe adviser. Asepsis should be automatic from early thorough training.

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GASTROPTOSIS AND NEURASTHENIA

By GUSTAV BAAR, M. D.

Read before the Portland City and County Medical Society, February, 1908

TOPOGRAPHY OF THE ABDOMEN.

Prolonging the mamillary lines vertically downward and crossing them in upright position of examined person, by one horizontal line connecting the ends of the eleventh ribs and another horizontal line connecting both spinae anteriores ossis ileo we obtain the epigastrium, mesogastrium and hypogastrium. The region under the arch rib is called the Hypochondrium. The normal stomach lies with its fundus against the left vault of the diaphragm reaching the fourth intercostal space, the cardia back of the sternal insertion of the left seventh rib, the pylorus between the right sternal and parasternal line in the level of the processus xiphoideus. The lesser curvature, connecting cardia with pylorus, forms an arch which points its convexity to the left downward, covered by the left lobe of the liver.

The major curvature is nearer the abdominal wall than the lesser curvature, its location depends upon the amount of the stomach contents, however reaches rarely the umbilicus in the healthy person.

Thus the stomach of the healthy person neighbors with its fundus the diaphragm, the spleen and the left kidney; with its major curvature and one part of its inferior posterior surface the Colon transversum, with its pylorus and its lesser curvature the left liver-lobe. "The semicrescent space" Traubes corresponds with that part of the fundus which lies back of the left rib-arch.

It is evident from this description that there is only a small part of the stomach accessible to immediate examination; for the most important parts—cardia and pylorus remain deeply hidden, while the major curvature of a normal stomach—even with high inflation—just reaches the level of the umbilicus. The lesser curvature of the normal stomach can not be seen.

In cases of dilatation of the stomach, when the latter harbors large masses of retained contents, the pylorus peeps out from underneath the liver in an upright position of body, pulling down the lesser curvature and making both the pylorus and the lesser curvature accessible to the palpating fingers.

To determine the size, form and location of the stomach, we use the method of artificial inflation, inasmuch as the mere inspection and palpation offers satisfactory results in those persons only with a relaxed abdominal wall.

I use 8.0 natrium bicarbonicum dissolved in some sugared water

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and 6.0 acidum tartaricum, dissolved in the same manner. I administer the natrium bicarbonicum solution first, because the acidum tartaricum solution, if brought into contact with the mucus lining of the stomach first, causes easily pains, especially in cases of hypersensitiveness and ulcers. There may be made the objection to the method that, inasmuch as the mixture used generates 3 ltr CO_2, the normal stomach holding 1.12 ltr. gas only, it causes an excessive bloating of the organ, and thereby, pulling down the pylorus, simulates a prolapse. However, this does not take place in stomachs of strong men or children, showing that the very descension of the pylorus of an over-bloated stomach is a pathological symptom.

Whenever I found the major curvature below the umbilicus, the lesser curvature and pylorus sunk down too, I considered the case a Gastroptosis, always excluding dilatation or "acquired big stomach" by the other chemical tests of the chyme and the location of the lesser curvature. Oftentimes I emptied the stomach with a tube, then poured in standing position of the patient one ½ ltr. water into the same, noticing (as Sahli did) to the left of the linea alba, corresponding with the major curvature, a semi-circular dullness on slight percussion. If another pint of water was added the area of dullness grew larger upwards, in normal stomachs; in cases of atomia or dilatation, however, the increased weight of the liquid pulled the major curvature more downwards, appearing as an area of dullness below the former place. Emptying this ltr. water would allow the stomach to sink back again and the intestines crowding in front of it gave a tympanitic sound. A third method of demonstrating the position, size and form of the stomach is to introduce a tube connected on the oral end with a T-formed glass tube, of which the one arm is armed with an airbulb to pump air into the stomach, while the other arm, bearing a clamp, allows of its escaping whenever necessary. As to the rumbling sound which can be produced by repeatedly tapping on the left lower ribs with the right hand, while the left hand is palpating the epigastrium, I consider it of diagnostic value under two provisions only; first, if the sound can be heard at a time when the stomach ought to be empty; second, if the sound can be produced over an area larger than the normal stomach covers, and if at the same time diarrhea is excluded.

A. Bum and Schnirer, in their "Diagnostic Lexicon," show several cuts, which demonstrate the gradual sinking down of the stomach; the pylorus moves down first, the stomach thereby getting from its normal horizontal position into the vertical position, the major curvature reaching down below the umbilicus. In a later state there seems especially noteworthy the bulging out of the pyloric part downward to the right, betraying a weakness of the musculary apparatus in the pyloric part, or, in other words, an incipient insufficiency of the stomach.

I have to report upon 155 cases of gastroptosis, examined in the last 18 months, either simple without any pathologic disturbances as to digestion or complicated with hyperacidity, hypacidity, ulcer of

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the stomach, cancer, anacidity; at the same time I noted the percentage of right nephroptosis, left nephroptosis, hepatoptosis, retroflexio uteri or chole lithiasis. I shall mention my figures after first going into the present literature on the subject as to its aetiology. At the beginning of the 19th century the renowned clinician Esquirol brought the prolapsed colon into etiological connection with the onset of insanity.

In 1890 Virchow claimed that a displacement of the abdominal organs, especially the intestines, is to be found in the majority of people. Glenard, in his "Les Ptoses Viscerales," 1899, creating the name "Enteroptose," claimed the latter to be an "entite morbide," a well-defined disease, inasmuch as most people affected with the same were anaemic, weak, nervous females. He furthermore claimed that the prolapsed colon, especially the right part of the transverse colon, is to be blamed for all the clinical symptoms observed; in the last instance some not well defined disturbance of the action of the liver (l'hepahisme") was to be blamed. He did not pay any attention to the mechanic conditions producing enteroptosis.

Meinert, in Dresden, claimed in 1895 that the majority of the female population there showed gastroptosis, while only 5 per cent of the male population participated in the same.

In 1903 Deming published his statistics embracing 2000 patients, which consulted him for varioius troubles in his Poliklinik in Stuttgart, showing a gastroptosis in 29.7 per cent in men and 75.4 per cent in women; as to the age, the men from 46 to 50 years of age showed the largest percentage (38 per cent), while women from 41 to 45 years showed 96 per cent; at the same time he found gastroptosis in girls of 10 to 15 years of age in only 20 per cent, while in girls of 16 to 20 he found it in 57 per cent. He ascribed this to the wearing of corsets, which begins at the age of puberty. Further to the repeated confinements, which relax the abdominal wall to such an extent that well-nigh every old woman showed gastroptosis. He further states that the tightening of the skirts by strings around the waist is another etiologic factor which plays a more important role in girls before puberty, when hips are not fully developed yet and strings need more tightening. The examination of men who wear their trousers on straps and of those who wear suspenders, corroborated his theory, showing that of 172 men with considerable gastroptosis 79 used thin straps around their waist, while out of 406 persons with normally located stomach only 16 wore a strap.

Stiller and Obrastzow consider enteroptosis a symptom of degeneration, claiming that in all those nervous people the cartilaginous connection of the tenth rib with the sternum be insufficient (costa decima fluctuans).

Landau, 1890, claims the weakened abdominal wall of young girls who do not work physically, and of multi parae as cause of gastroptosis.

My measurements show that in all cases of gastroptosis the distance between process xiphoid-umbilicus in lying down position is 2-5

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c.m. longer than in standing up position when pressing at the same time.

Hirshfeld, in Berlin, considers the disappearance of the fat masses in the large omentum, as he so often saw after long standing diseases or appendicitis operations, a causative factor in gastroptosis, claiming that the situs of the organs is thereafter not being maintained by mutual pressure any more, but has to depend upon the ligaments, which easily give away.

Czery, Koranyi and Meltzing accuse high heels of causing lordosis of the spine, thereby allowing the visceral organs to press more forcefully against the abdominal walls, which give slowly away by relaxation and let the former sink more downward.

SYMPTOMS.

The most frequent of all symptoms I found to be a "bloating sensation," especially after meals, connected with a very distressing feeling of "pressure in the episgastrium." These cause quite frequently palpitation, shortness of breath, general discomfort, belching; the bloating and pressure sensation was located by the patients frequently, corresponding the area found later by inflation to be the location of the prolapsed stomach.

"Rumblings" in the episgastrium and mesogastrium, frequently complained of by women wearing corsets, could be explained as stenosis-phenomenon, caused by squeezing the pyloric end of the stomach (Fleiner).

Another symptom, not heretofore described, is the "bily taste" on an empty stomach, on awakening. I frequently emptied the stomach of such people, without finding anything but bile in the same. I wish to add, at the same time, that this bile could not have gotten into the stomach by too much pressing during the act of emptying the same, as the bile came up immediately after introducing the tube. This leads me to the analysis of the chyme, which I emptied at most all hours after ingestion of a Leubes or Ewald test meal. In a large percentage I found hyperacidity only—considering a HCL per cent above 60 as normal limit; in all cases the patients usually complained of "burning sensation" in the episgastrium from two to three hours after ingestion, lasting from three to four hours until they ate again; eating relieved this symptom immediately for a short time, except in a very few cases of ulcus ventriculi, which I diagnosed in a very small percentage of the cases. Only once among the 155 cases I found a considerable retention of food (1 ltr.), which disappeared after a few lavage treatments with Argent nitr solution 1 to 1000 and application of the abdominal supporter, proving to my satisfaction a benign pyloro spasm caused by hyperacidity. In most cases I found no abnormality of chyme, no impaired motility and only very few stomach symptoms. The most pronounced symptom present in nearly all the cases was constipation; in the few cases where the patients did not complain of this symptom, they either acknowledged to have had constipation for many years past or I found invariably large amounts of Indican in the urin, suggesting

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an incomplete evacuation of the colon with concurrent putrefaction. And this leads me to launch my own theory on the etiology of gastroptosis. I claim that constipation, which is an ever-present symptom in all cases of enteroptosis, is the cause of the enteroptosis as well as the attending neurasthenic, anaemic condition of these patients. We know from physiology that the faeces of persons who live exclusively on meat and white bread diet, contain about 100-130 gms. humid and 20-30 grms. dry substances, while persons ingesting food rich in cellulose excrete in 24 hours faeces which contain 4-600 grms. humid and 60-80 grms. dry substances. We know, furthermore, that it is the "Schlacken" in the faeces—van Norden—which excite peristalsis, and we cure most cases of atonic constipation by prescribing a diet rich of those bulky Schlacken-Cellulose. There are, of course, cases of spastic constipation, produced by primary neurasthenia, in which this change in diet is not followed by cures, and in which the constipation is made even worse, by advising massage and faradic electricity which latter prove so beneficial in the cases of atonic constipation; in those cases of spastic constipation hot fomentations and Fleiners systematic oil injections are invariably followed by success (excepting, of course, the few cases of actual strictures or stenosis of the intestines).

That constipation means excessive intestinal putrefaction is known. C. A. Herter, of New York, in a recent article on the manifestations of saccharo-butyric intestinal putrefaction (J. A. M. A., December 14, 1907), classically describes that state of debility, usually known as neurasthenic, which always attends those cases of gastroptosis. The patients are indisposed for work, especially in the mornings, the tension of the pulse is low, fatigue sets in quickly. The extremities are usually cold, and it is only after vigorous exercise that a better distribution of blood occurs. Anaemia is present in most all cases of gastroptosis, Gowers' test showing only from 60 to 80 per cent of haemoglobin, as all my reports prove. The long persistence of excessive saccharo-butyric putrefaction due to the bacillus aergoenes capsulatus is followed by anaemia, and in some instances by extreme anaemia, the marked hemolytic action of the bacillus aerogenes capsulatus points to the latter organism as the one chiefly concerned bringing about a degree of blood destruction which can not be adequately compensated by the blood-forming organs. In all my cases of pernicious anaemia—and I observed quite a few of them—there was always excessive indican in the urin present (in repeated examinations). Anaemia of the nervous system may ultimately be associated with considerable mental depression, especially in those cases where the saccharo butyric type of putrefaction is associated with the formation of considerable quantities of indol and the excretion of indican in great excess. The general nutrition of these patients has usually suffered; there is subcutaneous atrophia of fat and connective tissue, gradual diminution in bulk of the muscles; this means a relaxation of the abdominal walls. The colon —filled with faecal matter all the time—pulls on its suspension, the

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stomach, the ligamentum, reno-colicum; this, in connection with the lessened vigor of the abdominal muscles will facilitate gastroptosis, and very often nephroptosis. In well nigh every case of gastroptosis there is at least a right nephroptosis; the right kidney is found about seven to eight times oftener prolapsed than the left. E. Hahn thinks that the connection of the left kidney with the less movable colon descendens with the pancreas and the spleen makes its hold firmer than it is with the right kidney, which has only one suspension in the ligamentum hepatorenale.

Incidentally, I wish to mention that among the 155 cases I studied there was but one case of hepatoptosis and one of splenoptosis.

I repeat once more: it is not the gastroptosis which produces malnutrition, as most authors claim; it is the constipation, with its sequela, the intestinal putrefaction, which produces malnutrition and thereby gastroptosis.

The gastroptosis by itself is actually of no consequence to the patient; it is a mere symptom of the malnutrition produced by autointoxication with Indican or Scatol, etc. The real suffering is caused not by the gastroptosis, but by the nervous symptoms of these patients; and these nervous symptoms cannot be cured without removing the constipation.

Even F. Hirschfeld, Berlin, who accuses gastroptosis of causing that neurasthenic state encountered in enteroptosis, says in the same treatise (Deutsche Klinik): "Only with hysteria, very nervous or otherwise debilitated persons the gastroptosis can—according to my view—cause a greater degree of malnutrition."

The best support for the correctness of my theory, however, is not its feasibility—it is the success of the treatment which I instituted following my line of thought: I first remove the constipation by dietary means—not cathartics or eccoprotics—the chronic use of the latter procedure I consider not only abominable and a fault of the "medical art," but even criminal. I apply, furthermore, an abdominal supporter, not with the view of lifting a prolapsed stomach —for Bial, in 1897, already has proved by trans-illumination of the prolapsed stomach that the replacement of the latter by means of a supporter is a fallacy—but for the purpose of strengthening the abdominal walls against which the pressure of the diaphragm in the act of defecation is directed, thus facilitating defecation.

Second—I fatten those patients up, removing the possibility of an enteroptosis with concurrent neurasthenic state by malnutrition.

Third—I give them arsenic, iron to build up the blood.

Fourth—I have them go through certain gymnastic performances to strengthen the abdominal walls.

Fifth—I advise hydrotherapy and electricity in suitable cases, always carefully individualizing the cases.

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DIPTHERIA AND MEMBRANOUS CROUP

By J. J. HAMILTON, M. D.
Caldwell, Idaho

Read before the Idaho State Medical Society, October, 1907

I shall not presume to enter into a voluminous description of this disease, but to enter into a practical discussion which will be of some benefit to us.

Diphtheria has been described by the profession for very many years, by Hypocrates and the Egyptian physicians as well as by modern men of today.

When occurring in epidemic form it has been grave, and when we were not aware of its undoubted contagiousness it was much more general.

The time of incubation is likely much shorter than generally supposed, from 24 hours to three days. It is more like a dissection wound than a usual bacterial infection. The early observers thought it a result of cold; and in many cases a tonsilitis, by rendering the mucous membrane of the throat susceptible, seems to favor the disease, as the germ will not grow upon a healthy mucous membrane.

I have thought for some time that we were hysterical in our quarantine methods with diphtheria.

With all contagious diseases we should know just how contagious a disease is, and the channels of contagion.

Diphtheria is the result of the Klebs Loeffler bacillus. This bacillus is heavy and not volatile, so that in order to get it where it can grow we must get it into our own mouths direct. It might float on dust, but I think this is quite problematic. It is seldom found in the throats of nurses or attendants, or physicians. In the Massachusetts hospital, where it is very prevalent, not more frequent than once in forty or once in one hundred times.

We will now discuss the channels of contagion. First the nasal cases. A child has coryza, and its friends think it is a cold in the head. By sneezing, or using the same handkerchief, another child, or several others, get a severe attack of diphtheria.

Second, a mild case of tonsilar diphtheria goes to school. Its friends think the child has cold and a sore throat. No other child fears it; they drink out of the same cup, chew the same gum, take the same pencil in their mouths, and if the uninfected child has a low opsonic index or an unhealthy condition of the mucous membrane of the throat it is very apt to contract the disease.

The mild case is much more dangerous to the puublic than the

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severe one. They are unsuspected and are able to get around and spread contagion.

I will here relate a piece of my experience. A man in North Dakota, whose name I have forgotten, had a sore throat; he went to a physician, who told him it looked like diphtheria. He told the physician it could not be diphtheria, as he could be around and was not sick enough. He had a homestead in the edge of a Russian colony, and went there to care for his flax and grain. He made his home, while there, with Wm. Barnes, a neighbor, not a Russian. He was fond of children, and played with Barnes' small children, nursing them on his lap. The Russians had a threshing machine, and some of the younger boys and men helped, and he mingled with them. In a few days I was called to treat Barnes' family for diphtheria. Four of them had the disease. I treated with toxin and they recovered. The Russians were fatalists, and regarded the disease as a visitation of providence. They had public funerals and kissed the dead. They had school and used abolutely no precaution to prevent the disease. In a colony of 100 persons 60 had diphtheria. I treated eleven with toxin and one died. They used absolutely nothing for the other forty-nine, and fourteen died, a death rate of 30.90. If this man had been quarantined, or stayed at home, the fifteen children ranging from one to twelve years would have saved their lives. Their own extreme carelessness had much to do with it.

Wells of bad water are a source of much danger. I was conversing with an old doctor in Indiana once who was called to treat two severe cases of the disease in a family. There was the peculiar gangrenous odor of the throat, a dark membrane of thick and muddy appearance on the throat. He examined his patients, and his heart ached. He knew he could be of no help to them. He went to the well with the father, and on opening the top, a platform of an open well, saw floating on the water two or three dead rats and the same sickening gangrenous odor. The children died. They no doubt inaugurated a strict quarantine, flags on prominent parts of the house, where one good flag on the well would have been more efficient. The doctor persuaded the people of the danger of the well.

Domestic animals—cats, dogs, etc.—are subject to this disease, and their fur is very potent in carrying bacteria. I have pointed out a few of the agents which carry the disease. Your own imagination can point out many others. Flies, bedbugs and fleas, especially flies, are active agents of infection.

How long will the germ live in the mouth and nasal cavities?

Usually not very long, but occasionally for a long time. I read of a case where the attending physician was very scientific and examined the throat discharges in the case of a young woman for six months and found Klebs Loeffler bacillus. He had to desist, as her mind was becoming affected from the dread that she had an affection which had seized her for a lifetime. A case of this persistence came under my observation here, not so long, however. A young man named Lent went to Oregon to get work in a lumber camp. He was

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attacked by a severe sore throat which was pronounced diphtheria. They injected him with toxin, and his father came to visit and nurse him. The doctors told his father they would keep him two weeks longer, so there might be no danger to the other members of the family. So they kept him in quarantine four weeks, at the end of which time he came home. No membrane had been seen for at least four weeks. He was around home for two weeks longer, mingling with the other members of the family. This young man, thoughtlessly feeling that he was thoroughly well, for some weeks played on a mouth harp. His small brother, of four years, seeing his elder brother play, took the mouth harp at a time when the brother was not using it and put it in his mouth and blowed upon it. In a few days he took diphtheria in a malignant form, and it was fatal in 48 hours. I saw the case in consultation, and could see the hopelessness of the fight.

A sister of his, some 12 years old, extremely fat for her age, weighing 150 pounds, took it in a few days and succumbed to heart failure. The germ was very persistent in this case. The area of infection is comparatively small. It was not found on window ledges or in the dust of a diphtheria ward. The area being small, it is not very contagious.

I had two cases of a severe type recently. The family consisted fo the mother, say 40, a boy of 10 years, who first had the disease; a half brother of this boy, aged 2; a sister of this boy, aged 20, and her son, a boy of 3. She also had another single daughter of 18, and a married daughter of 24, and a son-in-law of say 26.

I injected the small boy of 10 with 3000 units of toxin one day and the next with 2000 more; ordered the others to stay out of the room, put formalin in the ashes he used to spit in. This killed the flies, which might have carried the infection. I did not permit anyone to use anything whereby the germs might be carried from the patient to those who were well. He made an uneventful recovery and a few days later the sister, aged 20, mother of the 3-year-old boy, came home with the boy when the boy aged 10 had sore throat. She had taken her boy with her to Nampa and brought him back home when her throat became sore. I injected her and the throat cleared up, and she gave every appearance of recovery. I also injected her boy. She walked around the house and on the damp ground, contracted cold, developed odoema of the lungs and heart trouble, and died. Now two persons in this family had diphtheria in a severe form, five other members lived in the house and did not contract it, only one being immunized by antitoxin. A friend of the woman who had died lived with her, they rooming together. When she became very sick her friend came home with her, sat in the same seat, let the sick woman rest her head on her shoulder, cared for her after she got home, went back to Nampa and slept in the bed which the sick girl occupied and did not take the disease.

I should not recommend so reckless an experiment, and this girl may have been immune. About a month before she had a sore throat, which might have been a mild case of diphtheria, which rendered her

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immune, or she had a remarkably high opsonic index and a perfectly healthy throat. I have hinted at a few means by which spreading the disease might be avoided.

There is only one thing that is rational—use antitoxin.

Foreign reports show 55 per cent fatal before toxin and 16 per cent since. This does not, perhaps, include the mild cases.

My own cases which I was enabled to observe, where no treatment was used, had a mortality of 30 per cent.

Boston hospital reports, where the disease was unusually severe and prevalent, show 43 per cent before toxin was used and 9 per cent after its use became general.

Before toxin was used 21 persons died every year of diphtheria in every 10,000. Since its use, three persons die annually of diphtheria. How much shall we use? I think, like all other potent remedies, we can give too much.

I think from 3000 to 10,000 units in divided doses over two or three days will accomplish perhaps as much as larger doses, with less danger.

A person who carefully watches the effects of the drug cannot help being surprised at the helpfulness of it.

We cannot inject enough to neutralize and destroy the bacteria; but it is quite likely we can add to the opsonic index a little something not well understood which will stimulate it into action and assist the phagocytes in their battle. This peculiar antitoxin stimulates in this one direction the phagocytes. This is the theory, and I can easier account for it on this basis. Besides, if we use the tubercle antitoxin in large doses, it does less good than in medium. Gargles, washes and sprays are beneficial, and hygenic measures, with careful nursing, produce good results.

Prophylaxis is very feasible, and we should be very slow to take anything in our mouths which has been in any other person's mouth if they have had sore throat. It is a habit which should be discouraged.

True croup, beng a form of diphtheria, should be treated the same. Intubation might be used when the asphyxia is great, also tracheotomy. But the early use of antitoxin is most beneficial. A much larger per cent recover when toxin is used early.

To sum up the case: Never take anything in the mouth which has been in the mouth of a person with sore throat. All cases of sore throat are not diphtheria, but we had best err on the side of safety. Inject all cases early with antitoxin if they show any signs of the disease, especially if there be a membrane on tonsil or uvula the size of a finger nail looking like mould on a fruit can. Don't take food where flies have access to a person with sore throat. Keep well persons out of the room where there are suspicious cases, especially children. Don't alarm the community in suspicious cases; a panicky people are not competent to fight an epidemic. Satisfy ourselves just how contagious it is, and govern ourselves accordingly. Permit no children to attend school who have sore throat. It is not necessary to tack a

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that the board was always ready to act upon all cases that came before them, and requested the general profession to assist the board by submitting to that body all cases of questionable nature, and if the same be proven the board will revoke all such licenses, but that the board acts simply as a judge, and the evidence must first be submitted to the district attorney.

Dr. A. M. Moore said he had submitted several cases to the board, and had always found them ready to act. Thinks some method should be adopted requesting the board to call a meeting to act upon the cases now pending before them, rather than allow several months to pass before such action be taken.

Dr. Hawke moved, and it was seconded, that it be the sense of this body to request the State Board of Medical Examiners to call a meeting to act upon the charges against Dr. Eisen, and if proven to revoke his license. Carried.

Dr. Tucker would like to know if the board would have to try Dr. Eisen again, as he has already been convicted by a civil court.

Dr. Buck said he would like to know if, when a man is once convicted of a crime, and upon resuming practice he again duplicated the offense, if evidence would have to be presented to establish the second charge.

Adjournment was declared for five minutes, in which time to collect moneys for the purpose of suppression of criminal abortion. Amounts taken in cash being $90.00, subscriptions amounting to $70.00 were gotten from those present, and all members of the profession are requested to assist in this good work.

ALAN WELCH SMITH,
Secretary.

The City and County Medical Society met in the rooms of the Commercial Club March 18, 1908, and was called to order by President Hamilton.

Minutes of the previous meeting were read and approved.

Members present: Drs. F. M. Bell, Brooks, R. C. Coffey, E. J. Crockett, F. H. Dammasch, Theo Fessler, Ralph Fenton, Greene, Hamilton, Hosmer, Wm House, C. E. Hawke, Irvine, Johnson, N. W. Jones, J. C. E. King, Labbe, K. A. J. Mackenzie, M. B. Marcellus, R. J. Marsh, Kathrine Manion, Ralph Matson, Ray Matson, A. W. Moore, A. C. Panton, J. J. Panton, E. A. Pierce, J. B. Rath, F. M. Short, L. E. Story, H. A. Start, A. W. Smith, Jos. Sternberg, Sabin, A. Tilzer, E. F. Tucker, Geo. Whiteside, Williamson, J. R. Wetherbee, Robt. C. Yenney.

Proposals for membership: Dr. O. Miller Babbitt, graduate of the University of Oregon, recommended by Drs. Geo. F. Wilson and Alan Welch Smith.

Election of members: Dr. Max Rosendorff, graduate of the University of Munich, and Dr. Chester C. Moore, graduate of Cooper Medical College. Both elected to membership.

The first paper of the evening was read by Dr. A. Tilzer, viz: "Symposium on Syphilis," and will be published in the Medical Sentinel next month.

The second paper of the evening was read by Dr. Ralph Matson, viz, "Etiology and Serum Diagnosis." This paper was one that showed the wonderful progress being made in scientific research. The Speronema Pallida, a germ belonging to the animal kingdom, is proven the cause of syphilis. Wasserman has done a great work along this line. The serum diagnosis of syphilis, of which he is the

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author, was first applied by him in treatment of tuberculosis, and later with Neiser, applied it to syphilis with marked success. As yet this method is only a laboratory product in its infancy, but which bids fair to give as good results as the Widal test in examination of typhoid.

Nervous Manifestations, by Dr. Wm. House. He laid especial stress on the frequency of early nervous symptoms, which he thought should be recognized. Of these the most important is neurasthenia, which is too often the result of failure on the physician's part to properly reassure and instruct the patient. The treatment of nerve syphilis is the treatment of ordinary secondary syphilis, only more vigorous.

Discussion opened by Dr. J. C. Elliott King.

General discussion, Drs. Williamson, Whiteside, A. C. Panton, N. W. Jones, Pierce, J. J. Panton.

Discussion closed by Drs. Matson, Tilzer and House.

Cases in Practice Related by Members.

Dr. Mackenzie reports case of young woman, pregnant about 5 months, weak, anemic. Ten months previous to entering hospital was unable to pass a stomach tube; bougies and sounds were tried without effect. Dr. Sommers used an Oesophagoscope without anything special being revealed. Rectal feeding resorted to, but she continued to lose weight. Operation decided upon, gastrostomy being done. She rallied and has since been eating food, but with no marked improvement. Thinks condition plastic, and confined to Oesophagus.

Dr. Pierce reports a case now at the sanatorium, in which tuberculi bacilli were found. Finding some syphilitic lesions present, put the case on treatment for syphilis with good effect, and patient doing nicely.

Dr. Tilzer exhibited a very rare case in a boy of 16 years. The patient when placed in a horizontal position developed a torteous swelling of scalp which resembled a Meningocele. Diagnosis was not made.

Dr. Greene reports a case of a young woman 30 years of age, developing a swelling about the eyes, which in four days shifted from nose to jaw, to face. No pain, and temperature 104. Unable to make a diagnosis.

Miscellaneous Business.

Dr. Coffey read a paper upon the public criticism of the State Board of Medical Examiners, and made suggestions for elimination of same by giving publicity to all questions asked by the Board, as well as answers received to same.

Dr. Bird, of Salem, said he wanted to discuss the friction of the Board, as well as the medical legislation in the State of Oregon. He said the legislature has legalized quackery, and embarrassed the profession by having placed upon the Board such a mixture of professions, that it was impossible to have harmony. Reciting several cases of incompetency, claiming that men of this calibre are not fit judges to say who is best qualified to practice his profession, Thinks Dr. Panton too severe in his markings, and recited cases of men who had failed to pass the Board in this State, going before those of Washington and Idaho and passing successfully.

Dr. Panton said it never gave him any pleasure to turn down any man, especially those from Oregon schools, and until he became a member of the Board, there never had been one of them fail. Although subjected to the severest criticism, he has taken this stand in the interest of the people and the profession. The retirement of many incompetent schools is now being suggested by an investigating committee of the A. M. A., and he

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held that this committee stood first for the people, and claimed that schools are to blame for so many men being incompetent. These same men should be plucked before being allowed to come up for graduation.

Dr. Tucker said he hoped Dr. Panton had no idea of retiring from the Board, as this Board should be the guardian of the people, and hopes they will all work as hard to elevate the profession as Dr. Panton, as the schools will then turn out better men.

The secretary requested an expression of the society in the matter of telephones.

Dr. Mackenzie moved, and was seconded, that both phones be installed in the new quarters. Carried.

ALAN WELCH SMITH,
Secretary.

Boise Medical Society.

At the Boise Medical Society, held late in February, Dr. F. H. Brandt made an interesting report on experiments that he had made with a view to ascertaining to what extent diphtheria can be conveyed from dogs. The investigation calls attention to domestic animals carrying disease, and brings out the further fact that from the throats of dogs at least the disease may be communicated.

Dr. Brandt's experiment reached the stage of inoculating two guinea pigs with the bacilli from the throat of a dog which was killed because of the strong evidence that it was affected with diphtheria. Neither of the pigs died, but the experiment on them showed conclusively that they were susceptible to diphtheria. Both were killed and in the body of one an examination revealed that the bacilli had taken effect. In the body of the other it had not, because antitoxin had been administered.

The investigations were brought out through the recent illness of a little daughter of D. W. Ross, which was the second case of diphtheria in that family within three and a half weeks in spite of all precautions having been taken as to quarantine and in addition an immunizing dose of anti-toxin had been given which is supposed to protect for at least two weeks.

Part of Dr. Brandt's report to the medical society is as follows:

Being at a loss to know as to the origin of this case, inquiries were made, also a smear made from the other girl's throat in which I could not detect diphtheria bacilli. I was then told that their dog, a large Scotch collie, had been taken sick five or six days previous to the first girl's illness with a sore throat so severe that he could hardly utter a sound and further that swallowing was distinctly difficult. After a few days mere locomotion became very difficult and as they would find him lying about the house apparently unable to move, they chained him up. Medicine was administered to the dog in the form of a pill and was given mostly by the older girl until she was taken sick. Since their moving to the new house this dog was the constant companion of the girls, being in the house with them most of the time. The dog being less than a year old may convey to us the idea that he was very demonstrative.

Hearing this, I made several smears from the dog's throat for bacteriological examination and found a number of colonies of bacilli corresponding to the organisms found in the girl's throat. This was repeated the next day with similar findings. Upon this evidence we had the dog killed by the health department, at which time I laid open the throat of the animal and secured cultures of blood serum from six different parts of the throat on two plate cultures. Eight hours

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later a bacteriological examination was made of the still invisible growth, which showed an almost pure culture of the same organism found before. These bacilli were stained by both Loeffler's and Gram's method and after 24 hours we had a distinctly visible growth—little granules along the streaks slightly rasied at the edges, of a cream color with a glistening surface. A bouillion culture was made from this and incubated for 48 hours. At this time a slight cloudiness was seen with a flocculent deposit at the bottom. From this two guinea pigs were inoculated to the amount of one two-hundredth of their body weight injected subcutaneously. Four hours later I gave one of them 2000 units of concentrated antitoxin for a controlling purpose.

The last pig showed some depression after the last injection, but was perfectly well the next morning and remained so until it was killed for postmortem examination.

The other pig showed signs of sickness the third day, became worse on the fourth and fifth and the next two days would hardly move. On the eighth day he showed some improvement, so I decided to make a postmortem examination of both the animals. Guinea pig number one which received only a culture showed:

A patch resembling diphtheretic membrane, size of an inch and a half in diameter, with the center slightly liquified at the site of injection. Surrounding this could be seen some injection of blood vessels. Bacterial examination of this patch showed again the bacilli in large numbers but in attenuated form as to size. There were also present a large number of leucocytes, a majority of them having undergone degenerative changes. Other microscopic changes could not be found in the liver, spleen, kidney or in the intestines. Guinea pig number two receiving both the culture and the antitoxin.

A membrane corresponding to the other animal was not found; instead, a fibrosis, size of an inch in diameter, with reactive inflammation was found in place of injection. No other changes could be made out. Bacteriological examination of the fibrous patch have negative findings.

Conclusions.

1. From the history of the dog there seems to be no doubt that he had an attack of diphtheria, accompanied by partial paralysis.

2. That the first case probably came from the dog, coming on a short after the beginning of the dog's sickness. The possibility of the dog contracting the disease from the first case is impossible, since the dog was not allowed in the house after the girl was taken sick and a strict quarantine was kept.

3. That the second girl contracted it from the dog, being with him most of the time and in spite of having given her 1000 units of antitoxin three and one-half weeks before.

4. Assuming that the infection might have come from the other girl's throat is hardly possible since strict gargling was kept up and a bacterial examination at the time of the second girl's illness showed absence of diphtheria bacilli.

5. Finding the bacilli in the dog's throat, obtaining a blood serum culture from this, furthermore a bouillion culture, injecting this into the two guinea pigs, producing a typical membrane in the one, preventing the formation of a membrane in the other by the use of antitoxin, leads me to believe that the dog was the source of the two cases of diphtheria.

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Book Reviews

Bradycardia and Tachycardia, with Complete English Abstracts and Foreign Bibliography. Part II, in a series of monographs on the Symptomatology and Diagnosis of Disorders of Respiration and Circulation. By Prof. Edmund von Neusser, Professor of the Second Medical Clinic, Vienna; Associate Editor of Nothnagel's Practice of Medicine. Authorized English Translation by Andrew MacFarlane, M. D., Professor of Medical Jurisprudence and Physical Diagnosis, Albany Medical College, etc. 150 pages. Cloth, Price, $1.25, prepaid. New York: E. B. Treat & Co., 1908.

The literature dealing with this subject is meager, compared with that which abounds, dealing with other disorders. Prof. von Neusser has done well to bring together so ably all the factors involved in the decrease and increase of the cardiac action, and to emphasize the fact that the study of the cardiac phases is no unimportant part of the work of the physician. The edition in English has been amplified by the addition of abstracts upon, and the bibliography of, Bradycardia and Tachycardia.

The Blues: (Splanchic Neurasthenia) Causes and Cure. By Albert Adams, A. M., M. D. Third edition, revised and enlarged. New York: E. B. Treat & Co., 1908.

The author seeks to describe a variety of nerve exhaustion which has not been heretofore described, which he designates "splanchic neurasthenia." This especial form of nerve weakness is characterized by paroxysms of depression of varying duration, and which are specified popularly as "the blues." The author claims that those who have preceded him, and have hinted at an abdominal form of neurasthenia, have ignored the true source of origin. He refers the origin of splanchic neurasthenia to a congestion of the intra-abdominal veins. There is much valuable suggestion in this work, although there are statements with which some readers will not agree.

Surgical Therapeutics. By Emory Lanphear, M. D., Chicago. The Clinic Publishing Co., 1907.

This work is not intended to be in any sense a complete treatise on Surgical Therapeutics, but perhaps might more properly be called "Practical Suggestions for the Management of Surgical Cases." The author seeks in this work to give directions as to the proper management of the patient without operation; the proper preparation of the patient for the operative work; the best way to make him comfortable after operation, and the right management of the wound to get ideal results. The object of the work is to give some of the important points neglected by or omitted from, the more elaborate works on surgery. Dr. Lanphear has had a wide experience in surgery, and this little volume is full of valuable suggestions, succinctly stated, and so arranged that the reader can with the least effort, find what he wants.

Atlas and Text-Book of Human Anatomy. Vol. II. By Prof. J. Sobotta, of Wurzburg. Edited, with additions, by J. Playfair McMurrich, A. M., Ph. D. Quarto volume of 191 pages, containing 214 illustrations, mostly all in colors. Philadelphia and London: W. B. Saunders Company, 1906. Cloth, $6.00 net. Half Morocco, $7.00 net.

This volume, the direct continuation of Vol. 1, treats of the Viscera and

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the Heart. The selection and reproduction of dissections are identical with the methods employed in the first volume. Topographic anatomy has been especially considered. Practically all the illustrations are original and especially prepared by most artistic methods, and reproduced in the most satisfactory and careful manner. The text descriptions are particularly clear and lucid, and the terminology is made especially distinct by the use of italics and face type. This work should be of very great value to all interested in the subject of anatomy, and particularly, of course, to the medical student.

A Text-Book of Diseases of Women. By J. Clarence Webster, M. D. (Edin.) F. R. C. P. E., F. R. S. E., Professor of Obstetrics and Gynecology in Rush Medical College, in affiliation with the University of Chicago. Large octavo of 712 pages, with 372 text-illustrations and 10 colored plates. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $7.00 net; Half Morocco, $8.00 net.

This entirely new work on diseases of women is based on Dr. Webster's extended clinical experience. Special endeavor has been made to include all the important original investigations of recent years, so that the work represents the present-day knowledge upon a subject of the greatest importance to every practitioner. Indeed, Dr. Webster has written this work especially for the general practitioner, discussing the clinical features in their widest relations to general practice.

A Manual of Normal Histology and Organography. By Charles Hill, Ph. D., M. D., Assistant Professor of Histology and Embryology, Northwestern University Medical School, Chicago. 12mo volume of 463 pages, with 312 illustrations. Philadelphia and London: W. B. Saunders Company, 1906. Flexible leather, $2.00 net.

Dr. Hill's fifteen years' experience as a teacher of histology has enabled him to present a work characterized by clearness and brevity of style and a completeness of discussion rarely met in a book of its pretensions. Particular consideration is given the mouth and teeth. The subject of Organography is also included.

A Text-Book of Pharmacology. New (2d) edition, adapted to the 1905 Pharmacopeia. Including Therapeutics, Materia Medica, Pharmacy, Prescription-Writing, Toxicology, etc. By Torald Sollmann, M. D., Assistant Professor of Pharmacology and Materia Medica, Western Reserve University, Cleveland, Ohio. Octavo of 1070 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company, 1906. Cloth, $4.00 net; Half Morocco, $5.00 net.

In revising his book, Dr. Sollmann has made it conform to the new (1905) Pharmacopeia. The work furnishes a scientific discussion of the action of drugs, as well as their derivation, composition, strength, and dose. The study of therapeutics is based on a systematic knowledge of the nature and properties of drugs, and thus is brought out forcibly the intimate relations between pharmacology and practical medicine.

A Text-Book of Pathology. By Alfred Stengel, M. D., Professor of Clinical Medicine in the University of Pennsylvania. Fifth revised edition. Octavo of 977 pages, with 399 text-illustrations, many in colors, and 7 full-page colored plates. Philadelphia and London: W. B. Saunders

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Company, 1906. Cloth, $5.00 net; Half Morocco, $6.00 net.

The favorable reception of previous editions has convinced the author that his purpose of supplying a moderate-sized book on clinical pathology has found favor with the profession. In this edition the section dealing with General Pathology has been most extensively revised, several of the important chapters having been practically rewritten. A practical addition is an Appendix treating of the technic of pathologic methods, giving the most important methods at present in use. The work will be found to present the latest knowledge on Pathology.

Outlines of Psychiatry. By William A. White, M. D., Superintendent of Government Hospital for the Insane, Washington, D. C.; Professor of Nervous and Mental Diseases, Georgetown University, Washington; Professor of Mental Diseases, George Washington University, Washington; and Lecturer on Insanity, U. S. Army and U. S. Navy Medical Schools. New York: The Journal of Nervous and Mental Disease Publishing Co., 1908.

This volume of 232 pages is a practical demonstration of the fact that Dr. White is a lecturer who lectures, and what he says is full of interest and value. He has reason to be proud of this monograph, and while he does not claim that it is exhaustive, it certainly will be a helpful guide, not only to the students before whom he lectures, but to the practitioner who reads it. The principle types of mental disorder are described in clear language, so that the young physician just entering upon his work can secure from them a working knowledge of the subject. To these descriptions he has prefaced a short account of the nature of the human mind, and the fundamental psychological processes, for the purpose of providing a proper foundation for what follows, and also to place the student in possession of certain general facts so that he will be better able to orient what he may observe. An idea of the value of the work may be gathered from the statement that the chapters deal with the following subjects: Psychological Introduction; Definition of Insanity; Classification of Mental Disorders; Causes of Mental Disorders; Treatment, General Symptomology; Examination of the Insane; Paranoia and Paranoid States; Manic-Depressive Psychoses; Paresis; Dementia Precox; Involution Melancholia; The Senile Psychoses; The Infection-Exhaustion Psychoses; The Toxic Psychoses; Psychoses associated with other Diseases; Borderland and Episodic States; Idiocy and Imbecility.

The long experience of the writer of this volume, and his keen observation as a neurologist, have given him extraordinary opportunities for observation, and his monograph is full of most valuable suggestions for the general practitioner and the specialist. It is certainly a most valuable addition to any medical library.

The succeeding volumes announced to appear in this series of monographs in the near future are: "Studies in Paranoia," by Drs. Gierlich and Friedman , and "Ibsen, the Apostle of the Psychopath," by Dr. Jelliffe, the chief editor of the series. There is ample room in our medical literature for such a series as this, and perhaps more in the specialties of neurology and psychiatry than in some others.

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OBITUARY.

Dr. John A. McIlwain.

Dr. John A. McIlwain, of Montavilla, Ore., died on March 17th, at the age of 36 years. He was a graduate of the University of Pennsylvania Medical Department, class of 1891, and won high honors at the time. He came to Oregon from Kansas City. His relatives live in Philadelphia, to which point his body was shipped.

Dr. Augustus C. Kinney.

We regret very much to record the death of Dr. Augustus C. Kinney, of Astoria, which occurred on the 24th ult., at Oakland, Cal. Dr. Kinney had been ailing for a year with cancer and recently returned from consulting specialists in Europe. He was 63 years of age and had practiced medicine at Astoria for 30 years. He came to Portland from Iowa in 1874. He first settled in Yamhill county, attended school in Forest Grove and McMinnville, and later entered Willamette University at Salem to pursue the medical and surgical courses in which he graduated brilliantly. He was married in 1866. Dr. Kinney had spent a great deal of time studying tuberculosis and the best methods of treating that disease. He was regarded by the medical fraternity as an authority on the subject, and his loss will be mourned not only by the residents of Astoria, but by the entire profession on the Pacific coast.

Dr. William M. Cake.

The death of Dr. William M. Cake, which occurred in Portland on the 1st inst., was not unexpected. The Doctor was 82 years old, and in January last he had a fall, from the effects of which he did not recover. Dr. Cake came to Portland in 1889, and had lived here ever since. He had not practiced medicine for some years, but his life as a member of the profession had been a very active one. He was born in Canton, Ohio, graduated from Jefferson Medical College and practiced medicine for several years in Fostoria, Ohio. When the war broke out he served as chief surgeon of the 53d Ohio regiment. Later he was advanced to the position of surgeon in chief of the 4th division of the 16th army corps, of the Army of the Tennessee, with the rank of Major. He was in command of the medical forces of 21 regiments, and served throughout the war with honor and distinction. During his service he was with Grant at the siege of Vicksburg, the battle of Shiloh and several other important engagements. Dr. Cake was also with Sherman when he made his march to the sea. He leaves a widow and four children.

Dr. W. S. Jones.

Dr. Walter S. Jones, of Medford, Ore., died on the 29th ult. from heart disease. The Doctor was a graduate of the American Medical College (Eclectic), St. Louis, had been a resident of Medford for several years, and had practiced in Oregon for seventeen years. He was highly respected by the community in which he lived.

Dr. J. R. Creighton.

Dr. John R. Creighton, of Spokane, died on the 27th ult. at the age of 7[illegible] years. The doctor had been ailing for some time. He was a native of New York, and had practiced in Washington for seven years.

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Extracts

Are Our Rights Threatened?

By Dr. H. C. Buck, Friars Point, Miss.

At a recent meeting of our local Medical Society a set of resolutions from the Kentucky State Medical Association were introduced and read for consideration and adoption, the sum and substance of which was that we as a body and as individuals pledge ourselves to use only such remedies in our practice as are recommended and endorsed by the A. M. A. or the authorized agents of that body, known as the Council on Pharmacy.

The section or article of these resolutions that mostly concern those of use who are of the rank and file of the profession reads as follows: "Resolved, That we request every physician in Kentucky to procure a copy of the abridged U. S. P. and formulary and be guided by this and the approval of the Council on Pharmacy in their use of medicine." I do not know that the Council on Pharmacy endorse or sanction these resolutions, if they do it seems to me the most stupendous piece of bigoted egotism it has ever been my misfortune to behold. Who is the great Council on Pharmacy, that the U. S. P. should need their endorsement and approval? Are not the men who revised and compiled the U. S. P. fully as well versed in Materia Medica and Therapeutics and as able to advise as to the remedies to be used as are those who composed this body? Certainly it would seem so to me. Ever since medicine has been known and men have practiced medicine there have been various sects or schools of medicine radically differing in their ideas and teachings regarding disease and the proper remedy or drug that should be used in the effort to cure disease. In this age we have Alopath (or regulars, as we call ourselves), the Homeopath, the Eclectic and many others, each one of which claiming their method the only correct one. While this is not true, it is true that there is much that is good in each and much that is worthless in all, while I admit the Council on Pharmacy are doing a good work, they are the agents of the A. M. A. and that body is the official representative of the Alopathic school, hence it naturally follows as a matter of course they do not take cognizance of remedies advocated by other schools.

I believe if there is any man or set of men who should adopt as their motto "Prove all things, hold fast (only) to that which is good" it should be the physician and he should go to the bedside of his patient untrammelled by the dictum of any man or set of men but free to use the best means at his command to relieve and cure his patient regardless of the sect or school that recommends the means or remedies he employs. That old saying, "the powers that be are ordained of God" does not hold good in every case. I have seen instances where I thought his Satanic majesty had more to do with it than did the supreme being. I have always lived in the South, was born before the war hence I was a rebel and (perhaps) unfortunately for me I have never been fully "reconstructed," therefore that rebellious spirit that is in me and will not come out and gets on its hind legs when I know or feel that any man or body of men are infringing on my rights and I deny the right of the A. M. A. or any other body of men to dictate to me what remedies I shall or shall not use. I claim that so long as I comply with

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the laws of the land in which I live I am accountable only to my God and my patient for my acts toward them, it is not my intention to exploit any remedy or set of remedies. I leave the choice of remedies to each individual physician, as he alone should be the best judge as to what is best for his patient. I only plead for freedom, the freedom granted everyone in this great country of ours, freedom of thought, of judgment, of action untrammelled by the dictum of any man or set of men. Whither are we drifting? There is a fight being made to get a law enacted forbidding physicians dispensing their own medicine and compelling them to send all their prescriptions to the druggist. Now the Council on Pharmacy or its great admirers want us to let them say what remedies we shall use. Truly it is a gloomy outlook, if those things come to pass. All independent thought and investigation is killed. The great Council on Pharmacy will think and investigate for us, while the equally great J. A. M. will dish out to us such articles as they in their wisdom think we should read, while (to use an expression of one of our forefathers) we can "lie supinely on our back" and do as we are told by the bosses. But in contrast to this spirit of bigotry, there is and has been for some time a spirit of liberality and tolerance, one for the other, in the different schools of medicine, seemingly an inclination to draw nearer together and accept the good each or all may offer. This, I think, should be fostered and encouraged in every honorable way and I believe I am safe in saying the liberal minded leaders in the profession are doing this and do not hesitate to prescribe remedies from other schools than their own and do not hesitate to endorse them. This is as it should be, but with all due respect to the A. M. A. it does not seem as if the present leaders of that body favor such a course. In adopting these resolutions we virtually agree to wholly submit to the guidance of the Council on Pharmacy in the remedies we shall use. When a physician reaches the age or condition wherein he cannot or will not be guided by his own knowledge and judgment as to the remedy or remedies best adapted to benefit his patient, he has reached the age when he should feel in duty bound to those who trust their lives in his care to follow Osler's advice and get on the shelf or take chloroform, be his age what it may. While counsel and advice are good and should always receive proper consideration and respect, when it becomes an obligation it is no longer advice. There are very few well informed physicians that are willing to discard a remedy they have tried and know to be good, simply because such remedy is not recommended by the Council on Pharmacy. Long years of experience have taught many of us that a remedy that gives good results in the hands of some may prove very unsatisfactory in the hands of others; again, a remedy that is beneficial in treating certain diseased conditions in one person may prove very unsatisfactory in another whose symptoms are seemingly identical. I have often had this experience, hence I say, let the medical profession, especially those of us who are country doctors, remain free and untrammelled in the treatment of our patients, but let each of us study our cases and study our remedies and do what our honest, unbiased judgment prompts us to do; if we have not sufficient knowledge of drugs and their effects on the system to know what to use and what to let alone we have no right to practice medicine; if we know these things, then we do not need the dictation of the A. M. A.

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There seems to be a spirit of usurpation and dictation abroad in the land, in all walks in life a seeming desire to curtail man's rights and privileges. To the young man in the profession, those who are at the beginning of life's journey, while I am now near it's close, would say:

"Be not like dumb driven cattle,"

be men, think, judge, act for yourself, cultivate a habit of independent thought and investigation, guided but not controlled by the study and investigation of the learned men of the profession, jealously preserve and protect your independence, be ever open and ready to receive knowledge regardless as to the source of such knowledge; many valuable truths have come from very humble sources. Take for your motto the words of Thomas A. Kempis, who said, "mark not who said this or that, but mark the words spoken," into your keeping, sooner or later will rest the honor and integrity of our noble profession; make yourselves worthy of the trust, no man can carry your burden. On your shoulders alone it must rest and you alone will be held accountable to God and your fellow man for the life you lead. Rest assured you will find it the part of wisdom to think for yourself. Study closely the different theories advanced and judge them on their merit not on the merit or reputation of the man who advances them.—The Charlotte Medical Journal.

Ghosts That Stare at Us.

By Geo. B. H. Swayze, M. D., Philadelphia.

We doctors must get at it, and do something for these unfortunate tuberculous cases when it is worth while. If I had a voice of thunder and if my words could have the gleam of lightning I would appeal to the medical province of today: Let us wake up! Wake up to the common debt we owe for the rescue of the uninformed and therefore unvigilant people about us who are unconsciously drifting into the snares of tuberculosis—and that unnecessarily! Referring to state progress, the governor of Pennsylvania takes this cheerful view: "A new year is greeting us. A great day is at our doors if we have the cleverness to know how to turn the knobs and clasp hands with the welcome messengers of deliverance of population from the blight of the great white plague, tuberculosis." Until recent years too many people have been inhaling stink in shut-up rooms without knowing that they were thereby smiting the vitality given to sustain life. When a student at Dickenson Seminary in my youth, I sometimes visited the room of a fellow student who could help me in my Latin. The room air there smelled actually sour with carbonic acid exhalations in limited space with no ventilations. Ten years later I saw a brother of this talented student and inquired how he was. "Dead—died several years ago of consumption!" was the reply. Seminaries and colleges may teach book hygiene to classes, but practical hygiene means actual visitations to the rooms of students to press into actual grasp the meaning of life-saving ventilation. The Fresh Air School, where scholars study all day with their wraps on, with large windows open on all sides, is said to be now in operation at Providence, R. I., and has proved the same success here in America as it has already proved in Germany and England. This may be an overstrained adoption of fresh air service. But the day may be hastened when every home, as well as

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office building and school-house that is built, will be scientifically provided with ventilators which shall supply plenty of fresh air and carry off steadily the used-up, worn-out air. Louise Satterthwaite hits the problem of sanitary breathing-air: "In our trolley cars we find a stale and human tang which shows that it is quite unfit to breathe and every window is steamed with the breath of those therein. In every steam car you enter there is a degree of warmth exactly like a hothouse—and ventilation quite ignored. In our school-rooms the air reeks of the physical personalities as well as clothes of the pupils. In the business offices there is also too much warmth and quite too little oxygen. In the homes of the people an open door or window is regarded as little short of suicide by the majority of people. But they fail to catch the lesson of the various infirmities which attack us in winter. Grippe, which lays low its thousands, pneumonia and bronchitis and chronic throat affections—ordinarily looked upon as unforeseen afflictions; when all the time we could have breathed better air and found ourselves immune. We must have oxygen or fall sick and perhaps die."

Women and children are special sufferers from close disease-breeding house air. Many women are slow suicides—queer with follies. If they take a pew in church and detect a slight waft of ventilation reaching them, they immediately twist and flinch because of it, but will nevertheless waft with their fans a constant breeze of promiscuous crowd breaths into their faces and fancy it is a legitimate refreshment! Barbarous custodians of lungs and life! And the men show no more consistency. They seem equally oblivious to the defenses of blood integrity and reliance of health. I see them enter churches and immediately remove their overcoats before waiting to ascertain anything about what is the temperature of the audience room. Then if they feel a perceptible movement of ventilation, instead of resuming the warmth of overcoats for body heat, they stare right and left to discover which window is admitting fresh air, and fly to the window cord and close out the freshening atmospheric invoice that will help to prolong life and defer a funeral. An office lady secretary cries out: "I am acquainted with a number of men in a business way, and only one of them knows what the term 'fresh air' means. Among the offices in our building there is a large room where fifteen or twenty men have desks. Go into it when you will, every window will be found shut and the atmosphere thick with tobacco smoke. Open a window, and you will hear remonstrances from every worker within twenty feet of it. 'Do you want to give a fellow pneumonia?' they demand, and hastily push up the sash so that the supply of air is cut off. And every man of them is afflicted in season and out with grip and colds and other ills which come from living or working in a vitiated atmosphere. If no one came in to open the door, would a half dozen men put into a small room together sit there and talk and smoke until they had consumed all the oxygen and died of suffocation?" This is the type of men who, ignorant of natural cause, die early of pneumonia, of consumption, of heart failure. A few years ago in Philadelphia, a bridge on a very prominent street had to be switched off from trolley use because of serious damage that corroded and endangered its iron support because of locomotive gases and smoke from the rail-

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road beneath. Pollution of the air laden with sulphurous fumes poured out beneath had done the damage. If polluted air, under the open sky, acting upon massive metal work protected with paint, destroyed the safety of a powerful bridge, what must be the destructive effects of such polluted air upon the lungs of the human beings who are compelled to breathe it? In the city of London it is estimated by competent authorities that nearly half a million tons of sulphuric and sulphurous acids are yearly emitted into the air from chimneys, and that more than twelve hundred tons of solid matter—soot and hydrocarbons—are yearly deposited from the same source upon the square mile of the city. What chance has the sensitive lungs of population in such vitiated environment? The pollution of the air in New York and Philadelphia is not so great as in London, but the difference is one of degree and not one of kind. Our factory mill district of Kensington quite equals the pollution of London air. It is there that consumption is the most prevalent destructive to life. It is hoped that the antituberculosis clinic among the operatives in this our Kensington mill district will soon bring down its rate of deaths by consumption.

As physicians, we have a great contest before us. But our lieutenants must be found in the public. Members of the Civic Club here turn to women for assistance in flanking the march of consumption. Establishment of special classes in public schools for tubercular children, the maintenance by the city of a department of books on cure and prevention of tuberculosis in public libraries, and the organization of employment bureaus to find healthful occupations for patients discharged from sanatoria as means of combating the white plague is now under discussion. Dr. Wallace Hatch, of the Pennsylvania Society, urged the women's co-operation, and advocated the awakening of universal interest in measures for prevention of the spread of tuberculosis and the arrest of its development among the young, by conducting special classes in schools, where infected children could be properly cared for, instructed in hygienic principles and taught how to overcome the incipient dangers of the disease. The women were advised to spread the idea of the maintenance of shelves of books specially devoted to consumption by the free library to catch the attention of youths of both sexes who are warned by weak chests and suggestive cough that lung danger is lurking along their way. As a result of the ghostly contagion propaganda proclaimed by certain specialists who were unable to comprehend the spread of consumption except by germ infection, opposition has frowned on the admission of tubercular pupils in public schools. But discretion should not strain itself into hysteria. In Chester, Pa., a 13-year-old girl was lately excluded from school attendance by the Board of Education on account of suspicion that she had tuberculosis, and a legal row resulted for her restoration to school privileges—with what result I have not learned. But the superintendent of education in Philadelphia affirms that no consumptive child has been barred from school by the Board of Education in this city. The physical condition of pupils in Philadelphia is trusted to the discrimination of the medical inspectors appointed by the Director of Public Health and Charities. In case of a child suffering from advanced tuberculosis, the parent is advised to take it out of school. Superintendent Brumbaugh holds the view that outside the question of prevention is that

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of the welfare of the afflicted child. That knowledge bought at the cost of health is purchased too dearly.

Public meetings to discuss tuberculosis are evidence of the earnestness awakened among the people. This spirit should be cultivated until vigilance and measures of relief become universal. Why should any form of disease be allowed to reign unopposed by practical means of repression! The brain of man is selfish, stubborn or stupid that will not exercise thought and action for the repression of the ghostly scourge known as consumption. Every time that I see the glassy eyes of a consumptive glaring so pathetically at me, I wonder how on earth doctors could so long have fancied that medicines put into the stomach could successfully serve as substitute for pure and fresh air inhaled into the lungs! Recently representatives of workers in almost every industry and trade in Philadelphia were present at a conference held in lecture room of the College of Physicians to plan methods of combating the white plague in factories and workshops. It was decided to distribute instructive literature on the subject and to place large cards relating to prevention in factories. Representatives of forty trades joined in this popular demonstration to outline plans for the campaign to be pushed vigorously in the working places of this city. Wide-awake delegates denounced the State Bureau of Factory Inspection for the lax way in which the bureau inspects unsanitary mills. Child labor in mills was especially condemned as a menace to the health of the young. Dr. Hatfield, president of the State Society, conducted the meeting. The secretary of the Journeymen Barber's Union, made a practical hit when he said: "I can give this society work for two years to come among the barber shops of Philadelphia. Our trade is a powerful factor in spreading tuberculosis under conditions in certain shops. Many of them have not running water. They use the same towel on dozens of faces. Floors are not scrubbed often enough."

Madame Laurence Fiedler, who is considered by many of the most advanced woman student in France of the social problems of her sex, has come to New York on an important mission for the French government—to study American methods of fighting tuberculosis. She declares herself particularly impressed with what she calls our indirect method of resisting the disease. She visited Riverside Hospital, donned a nurse's outfit and watched every stage of treatment that followed in that institution. She thinks that we are not yet doing all possible in a curative way of resisting the white plague. The Pennsylvania Society for Prevention intends to start an "after case department" by card index of consumptives who have left sanatoria convalescent, but should be provided with suitable employment to prevent relapse. The patient will be followed and looked over every six months, and reports made to the sanitarium where treated. One object is to see that convalescent patients are not overtaxing themselves, or taking up work too arduous for their strength, or not sufficiently remunerative to procure the special diet needful to sustain normal weight. A circular letter to the stores of the city, asking for help in maintaining the relief work has been issued under the auspices of the finance committee consisting of men of substantial means, whose interest and practical activity will add financial and moral support to the greatest crusade against a subtle persisting disease that haunts our modern life.

This article has recited enough to

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show that the most important fact for us as doctors to realize is that in the repression of consumption, much needs to be perseveringly done, done, instead of merely and quite uselessly exploited as hot air that dies in its birth. Personally I am but one of the interested brethren. But I meet with heart and hand every other brother who will dignify our profession by energetically joining the present crusade to banish the ghosts of consumption that haunt our professional pathway.—The Medical Times.

Medical Work in Labrador and North Newfoundland.

The specially medical aspects of the work carried on under the supervision of Dr. Grenfell are described by J. M. Little, Boston (Journal A. M. A., March 28). The Mission for Deep Sea Fishermen maintains a hospital in North Newfoundland and three on the Labrador coast, and Dr. Grenfell travels the coast in the hospital boat Strathcona in summer and by dog sledge in winter, operating at the hospitals and carrying medical aid in many forms, the work being supported by private contributions. The number treated on the Strathcona during the summer of 1907 exceeded 1,200, and with an estimated average of 600 in each of the four hospitals the total for the five months from June to October would be approximately 3,600. There is a doctor at each of the hospitals, but operative work, unless urgent, is done when the Strathcona reaches them. Little believes that the clinic will compare favorably with those in other hospitals. There are three classes of patients, each with its own peculiarities: 1. The Eskimo, in spite of their great physical endurance, are particularly susceptible to infection, to changes of weather, many of them having bronchitis on the slightest provocation, and seem to have no resistence to the slightest form of suppuration. They are also bleeders, and hemoptysis is common without physical signs or bacilli in the sputa. It is hard to differentiate tuberculosis from certain cases of cough with hemoptysis which seem to be scorbutic. Menorrhagia is the rule in women, and bleeding from the nose is almost universal in both sexes in the spring. Consumption is common, but usually of the chronic fibroid type. Syphilis is prevalent and severe, no tolerance having been established. They also suffere from an epidemic skin disease, apparently connected with their food, which Little thinks is undescribed and promises further report. 2. The all-the-year-round inhabitants are subject to the diseases caused by overcrowded houses, lack of hygiene, starvation, poor food and bad teeth. Malnutrition is the rule. Multiple neuritis is common, scurvy not rare, and rickets, to some extent, the rule in babies. Tuberculosis is everywhere. The results of consanguineous marriages are evident. Venereal disease is practically unknown among them. Grip, in a severe form, was prevalent in the summer of 1907. 3. Among the visitors on the coast, indigestion and stomatitis are common, due to the salt food; also common are rheumatism, conjunctivitis, etc., due to salt water and wind. Pain in the back, due to strain, and furunculosis of the wrists, or so-called "water whelps," as well as functional dysuria and night blindness, may be classed as occupational diseases. These are given as the chief points of difference from a clinic at home. A number of matters are mentioned, however, more in detail. Among these are the universal acid dyspepsia, usually with constipation, attributed to the diet, bad teeth, etc.; the general lack of

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intelligence as regards health matters; the excessive use of "patent medicines"; the prevalence of eye troubles, of multiple neuritis, of certain eye diseases and of insanity and nervous disorders. While horrible cases of suppuration are seen, there seems to be great resistance to septic poisoning, and he did not see a single case of fatal termination from septicemia. With proper incision and drainage, the cases healed up very quickly. Deaths from peritonitis occur without doubt, but the appendix is never heard of. Surgical conditions appear to be largely neglected by the inhabitants, but matters are improving in this respect. Besides the numerous minor operations continually necessary, 33 major operations were performed during the months July to October. There was one death from inhalation, pneumonia following an operation for cancer, and in one other, the patient having been taken away against advice, the result is unknown. All the other patients are at home and well. Each patient acts as a missionary, and more and more are seeking relief and from further and further off.

Does Medicine Really Progress?

Do we progress? That depends largely upon what we consider the criterion of advancement. If by progress we imply a larger knowledge of medical art, a more precise acquaintance with the nature and properties of materia medica, and a more rational application of therapeutic science, then I claim that our onward march has been crowned with triumphant achievement, to be regarded as an earnest of yet finer accomplishments to come. It is to be borne in mind that the marvellous results springing from an unprecedented study of exact science, aided by resources for investigation unknown to any previous epoch, have naturally tended to elevate bacteriological researches and surgery to a plane of positiveness not yet attended by the theory and practice of therapy.

Therapeutics is for the time outstripped by surgery, and its beneficent aspirations somewhat chilled by the consciousness of limitations unrealized in other fields of scientific thought and experimentation. Yet, upon reflection, it will readily appear that therapeutic skill is but the practical application of new truths unduly credited, in their finality, to other departments of intellectual effort designed to alleviate the sufferings of mankind. It remains for medical procedure to give practical emphasis to the pathological relations embodied in the treatment of disease, the employment of serum-therapy, active principles of vegetable drugs, and the rational adoption of remedial agents derived from sources with which we are as yet comparatively little acquainted. In threading the wilderness of speculative therapy we still keep the path blazed for us by the masters of medical science, but the spirit of the age is with us, and we are constantly striving to find an easier exit from the perplexing labyrinth of experimental investigation.

Do we progress? Let imagination revert to that distant Egyptian epoch, when, as recorded in the Ebers' papyrus, if a new-born baby cried "ny" it was destined to live, but if its infant bleating should be "ba" it would speedily perish. We have passed a trifle beyond the Egyptian, I think, though the progress of the contemporary and ecstatic "agoo!" is not yet perfectly clear. The adept in pediatrics of today would hardly seek to soothe a crying child with "a mixture of fly-dung and poppy-juice"—although 4000 years' experience still leaves the potency of the latter drug

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supreme. Compared with this prescription, "goat lymph" is ideal simplicity, not to say weakness incorporate. Who says we do not progress? Again, have we not mercifully advanced in becoming differentiated from the lofty and hopelessly exacting standard of personal perfection, little short of millennial requisites, which among the impertinent Hindus of old it was demanded that the family doctor should possess: "A fine person, absence of passion ,decorum, chastity, temperance, amiability, veracity (Shades of Vishnu!), consideration for the sick (What! No nauseating yet beneficent bolus? Where would be our prestige?), generosity (Yes, the poor we have always with us), earnestness, freedom from boasting, secrecy, a desire for knowledge which scorns not even the lessons of an enemy (Where, then, were the blissful pastime of professional wrangles?), and finally, above all, reflection and independence of thought." I contend that in relegating to an effete epoch the angelic stature thus portrayed, we have not only progressed beyond expectation, but saved our noble profession from oblivion.

Perhaps the most remarkable achievement of modern therapy is the heroic dosage which has roused the slumbering enemies of our craft and compelled them to take shelter under the aegis of so-called "Christian science," the very name indicating the confusion of ideas resulting from abject terror in realizing our incomparable superiority. It is indeed fortunate for mankind that the hosts of the new Philistinism are concentrated in battle array—were they skilfully deployed, the task of annihilation were far more arduous. The heroism they display, however, under pressing difficulties is worthy of the greatest cause; and now that an inspired votary has twiddled his fingers at his nose in the face of fate by leaping from the Brooklyn bridge without sepulture, we may expect further derision of natural laws by the unlimited consumption of green apples—with positively beneficial results—or the demolition of the entire menu, including coffee, with which, as the most deadly ammunition, the average metropolitan restaurant is equipped. Verily, these deluded brethren and sisteren may now and then—when therapeutic aid is summoned—lay the flattering unction to their souls that they illustrate "the survival of the fittest." As I say, this latest exhibition of esoteric doctrine, crystallized, or, let us hope, to be speedily embalmed in "Christian science," owes its raison d'etre to the exasperating progress of rational medicine, which, by reason of an occult polarity inherent in human thought, must necessarily find its incompatible in irrational hysteria, theosophy, spiritualism, palmistry, astrology, telepathy, Munchausenism, etc.—had not each cultus metaphorically embraced that "earnestly precious," yet inchoate seraph, the "New Woman?" And is not the celestial art of healing by miracle precisely such as—like homeopathic remedies—would naturally appeal to her good taste, with only grateful sequelae? Yet her binding triumph is but negative—it is the supremacy, not of his will, but of her won't, to which "lovely woman" owes her present, so to speak, bicyclic ascendency.

Progress is it? Why, our progress is so rapid and secure that the day is coming, but not next year, when by the law of evolution, boneset weeds will cease to grow, because there is no use for them in material medica, since sickness is no more. It behooves us, therefore, lest so dire a contingency descend upon us un-

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awares, to "gather them in, gather them in," that is, our outstanding fees, in the collection of which, I think I may safely aver, some of us even sweating, under the halo of ponderous achievement, have made absolutely no progress whatever.—American Journal of Clinical Medicine.

The Navy Surgeon.

The old fight between the line and the staff, in the United States Navy, has again come to the front, through the dispute concerning the command of hospital vessels. Surgeon-General Rixey claims that the hospital ships should be commanded by surgeons, his reasons being that these vessels are non-combatants, hence should not carry fighting men. The presence of the latter in command would deprive such vessels of neutrality to which they would otherwise be entitled under the Red-Cross rules, and which is necessary to them for the proper discharge of their functions as floating hospitals. The hospital ships belonging to the army are under the exclusive command of army surgeons. Other countries with, we believe, no exception, place their hospital ships under the command of the surgeons: and finally, there are not enough line officers for the active duties in connection with fighting vessels to spare any for such a purpose.

There seems to be no reason whatsoever why a surgeon should not command such a vessel, whose sailing and steaming is attended to under his direction by capable crews. The one objection to this claim which has yet been put forward by its opponents is, that Congress says that surgeons and paymasters shall not command ships. Of course this ancient regulation was made at a time when hospital ships, or any other kind of naval ships excepting fighting vessels, were not dreamed of. Consequently such a need did not occur to the minds of legislators. If there be any reason for refusing to the surgeon the command of these vessels, excepting this regulation, those reasons have not been made public. In the meantime Dr. Rixey's position appears impregnable.

The newspaper people are making themselves busy, and are industriously disseminating a totally wrong idea of the matter by their caricatures, representing surgeons in various positions giving directions to the mariners. The trouble is that these gentlemen have not seized the point at issue, know nothing whatever of the line and staff quarrel, or of the extent to which such bickering may be pushed.

An instance from the writer's memory: In one of the old vessels of our Navy there was an unusual amount of sickness, which the surgeon justly ascribed to the lack of ventilation on the berth deck, where the sleeping crew were wedged closely together. The air at night when the men were in their hammocks was something beyond description. It could only be described as a stench. The surgeon and engineer discussed the matter, put their heads together, and devised a means to overcome the difficulty, by carrying a ventilating shaft up through the captain's cabin. This was in time of peace, and the ventilator at any rate was a temporary matter which could be done away with at a moment's notice if desirable. The only objection to it was that the captain's cabin would have been somewhat disfigured by a canvas tube two feet in diameter, passing from the floor to the upper deck. The scheme was submitted to the captain, who promptly responded by calling the culprits before him and administering a severe reprimand to

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them, pointedly telling the engineer that his business was to attend to the engines and the surgeon that his duty was confined to attending to the sick, and recommending them to limit themselves hereafter to their duties described in the Regulations. The sickness went on.

During the Spanish war it is said that the line commander of a hospital ship actually put in a claim for prize-money, as having with his floating hospital assisted in the capture of a Spanish vessel. Just what business a hospital ship, for whose functions neutrality is an absolute essential, had in taking part in the capture of a prize, is difficult for the average layman to explain; and this might justly form a subject for caricature.—American Journal of Clinical Medicine.

The Practice of Medicine in California

A writer in the Pennsylvania Medical Journal deplores conditions on the Pacific Coast as follows:

The physician who contemplates removing from the East to California to practice medicine may be interested in a statement of the conditions under which he may do so. The statement may be made, that the physicians of California do not look upon an augmentation of their number with unalloyed pleasure for the reason that at present the supply appears ample. According to the Physicians State Directory, there are 4289 licensed physicians in the state; and the Chamber of Commerce of Los Angeles estimates the number of inhabitants of the state to be approximately 2,000,000, which gives about 450 individuals to each doctor. In all the large cities of the state there is a very large number of fake healers, mostly licensed before the state examination law went into effect, and these gentlemen are past masters in the art of extracting gold from the pockets of the afflicted without giving quid pro quo, or anything else worth having. Nevertheless, these people have a legal right to practice the science and art of medicine—mostly art—and the patient suffers doubly in consequence; between these and the various "institutes," "hospital associations," etc., which treat one for a dollar a month, the ethical doctor must ply his craft. However, before he comes in contact with this condition of social economics, other matters claim his attention. If he has not already done so, he must as in other states pass his examination, and here is where his real trouble often begins. Among the subjects in which the applicant must show himself proficient are pathology, bacteriology and histology. Now, California is not the only state in which the applicant must take these branches in his examination for a license, but we believe it is the only state which requires the grade that is required here. An evidence of this may be cited; of eighteen recent graduates of one of the better state colleges, in a recent examination eighty-two was the highest per cent obtained by any examinee in histology, and there were but three who obtained seventy-five or over. Although pathology gave somewhat better averages, many good students either failed, or were conditioned in this branch. Now if this was true of the graduate fresh from the laboratory, what can be expected from the physician who has paid little or no attention to these subjects for from five to twenty years? The fact is, they do just what you would expect; fail once, twice, and sometimes thrice, and then get tired of trying and go to some other state, or try to get a living by some other calling. Particularly discouraging is this

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to the doctor whose health, or the health of some member of his family, demands the climatic conditions to be found in this state. We have in mind physicians in moderate circumstances and poor health who have failed several times before the State Board of Medical Examiners, and who have no relief in sight.

Are Free Clinics an Unalloyed Blessing?

This question is not proposed as a novelty or as one that is new or startling. We are well aware of the fact that the claim is made by medical colleges that the material furnished by the various free and civic hospitals is inadequate and not, by any means, characterized by that abundance which is so characteristic of a clinic of ambulant cases.

Viewed from that standpoint, the argument is certainly a good one if it is not convincing. In addition to this, we are told that the free clinic is a relief to physicians, inasmuch as they are not burdened by a number of non-paying patients. The municipal free dispensaries are certainly well patronized by the poorest classes; those not so poor going to medical college dispensaries. On the other hand, we have the free clinics run for profit by some enterprising physicians who manage to realize quite a neat little sum of money on the prescriptions for which the patients pay.

The practice of medicine has come to such a point that it is simply a school for sharp practices of a more or less questionable nature. Taking all of these facts into consideration gives us but a very poor opinion of the manner in which the practice of medicine is done in cities, at least, at this day.

The college clinics have a pretty large patronage composed of individuals who could very well afford to pay a physician but who prefer going to a clinic, because they can obtain the services of the most prominent medical men for the mere price of a prescription. This is certainly a blessing for the poor, unfortunate sufferers, but it is decidedly the reverse for the overworked, unappreciated, underpaid practitioner of medicine.

In Germany there are many physicians who open a klinik, at which their services may be obtained at a reduced price on certain days of the week. On the other days they pass their time usually at cards or some other interesting amusement. In this country this has never been essayed as the plan would not prove a success in the face of so many free clinics. We have heard many physicians complain bitterly of this method of pauperization, as they are pleased to call it. We must expect this to increase in view of the higher cost of living and the scarcity of employment .

The free clinic, under these circumstances, is a veritable Godsend and many, who formerly would not go to them for treatment, only too gladly do so now. The free clinic is an institution, but it has not come to stay. It is merely a bridge which will be used for a time. When the time for its need has passed, the physician will come into his own.—Medical Era.

Acute Lobar Pneumonia—A Study in Inflammation.

G. K. Dickinson of Jersey City says that the respiratory exchange of gases in the lungs is more rapid and complete in cool air than in warm. Pneumonia may be caused by a considerable number of different germs. The most frequent cause is Fraenkel's pneumomoccus, which has a pro-

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nounced capsule composed of mucin. It grows best in the presence of oxygen. It does not secrete a toxin, but produces lactic acid, and contains a very poisonous proteid, which is liberated by the death of the germ. Predisposing causes which lower the resisting power of the alveoli are exposure to cold, especially dry winds, fatigue, lowered nerve tone, and irritating particles inspired. The germ may gain entrance in three ways: By inhalation of embolic spray of cocci-laden saliva from the back of the tongue, absorption of cocci by the tonsils, absorption from the digestive tract. The germ causes local irritation, hemorrhages, and formation of fibrin from broken-down epithelial cells and blood corpuscles. Thus the exudation is formed. This constitutes red hepatization. The appearance of polymorphonuclear cells begins Nature's cure. The endothelial cells proliferate and become phagocytic. Ferments exude from the white blood cells that antidote the pathogenicity of the cocci. No antitoxin is produced, so that the ferments of the plasma are our main reliance. Inhibitive cytases come from the phagocytes. The most important substance is opsonin. Crisis occurs when these substances get the upper hand. Rational treatment simply aids the formation of these protective substances. Unnecessary drugs should be avoided. —Medical Record.

The Deep Intraocular Lesions of Infantile Inherited Syphilis and Tardy Inherited Syphilis, From the Standpoint of General Pathology, Prognosis, and Treatment.

Charles Stedman Bull of New York believes that inherited syphilis frequently affects the deep structures of the eye in utero, and that if examination is made of the fundus immediately after birth the diagnosis can be made and treatment instituted immediately with good results for the sight of the child. Iritis, choroiditis, cataract, exudation of the vitreous, and more rarely retinitis, optic neuritis, and optic nerve atrophy have been observed in infants a few hours old. Disease of the uveal tract is more frequent in young infants than keratitis. The author goes on to tardy inherited syphilis, which may be in the second and third generation from the infection. Etiology is very obscure and a careful examination of all the members of the family and history of the immediate ancestors is necessary. Stigmata are always bilateral. Here we get night-blindness, retinitis pigmentosa, nystagmus, apparent myopia, etc. Specific treatment is indicated in all cases which show any of the stigmata of syphilis. Prophylactic treatment is also advisable. In a syphilitic family, when a child presents these stigmata, the parents should undergo specific treatment as a preventive measure for the benefit of future offspring. Should the mother become pregnant a course of syphilitic treatment is indicated.—Medical Record.

What Next, Mr. Bok?

A few years ago one Mr. Bok, of the Ladies' Home Journal, mounted the wave of reform and by reason of his fight on patent medicines quickly rode into the medical profession's favor. We considered his efforts to wean the American public away from the patent medicine to be entirely in our behalf and, while we felt sure that such work as his was for a high cause and beyond the possibility of material reward, we all bought his magazine for our waiting-room tables and told our patients of his wonderful work. We applauded his every

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move, even when he chided us, bad little children that we are. He was truly a friend of ours and we know how much in need of friends we are.

But our kind opinion of Mr. Bok changes. This warm champion of the down-trodden is but human after all. In a recent issue of the Ladies' Home Journal appears in the reading pages one of the most fulsome articles in osteopathy's interest we have ever read. Of the thousands of women who read the Ladies' Home Journal and accept its every word as gospel truth, how many, under the seductive influence of this article, will become adherents of this Missouri ism and carry to its exponents their aches and pains, each one of which will have to be manipulated at so much per manip? What's the game? Is the osteopathic field of such numerical strength that its support is worth seeking?

First the medical profession is tickled. Then it is dropped and osteopathy is brought to the fore. What is next, Mr. Bok: Christian Science or Dowieism?—The Medical Era.

Nerve-Bridging.

A. S. Taylor, New York City (Journal A. M. A.), reports a case of brachial birth palsy in a child aged one year, in which a two centimeter gap after removal of a cicatricial mass in the brachial plexus was successfully bridged by loops of chromicized catgut wrapped with Cargile membrane. Power was gradually restored to the paralyzed muscles, the trophic changes disappeared to a large extent and the flexion contracture of the fingers was also gone, so that twenty-eight and a half months after the operation the child used its arm freely, and the improvement was still progressing. Taylor remarks that the literature of nerve surgery is not well indexed and the case reports are to a considerable extent indefinite and unsatisfactory. Much experimental work is still needed to determine what is the best technic, but from his study of the subject, he concludes that the method of suture a distance, adopted in this case, is simplest and most successful. The other methods, neuroplasty, grafting, tubulization, are troublesome operations and less certain in their results. The younger the patient and the better the general condition, the more hopeful the case, but results may appear only slowly, and require the aid of massage, passive motion, electricity, etc., to bring them about. He thinks the chances are against success in bridging gaps of more than four centimeters, though a few successful cases have been reported. In such cases, shortening the gap by bone resection, or lateral implantation of both nerve ends into a neighboring motor trunk, may be advisable. A certain amount of deformity with muscle power in a limb is much to be preferred to complete and permanent paralysis. The article is illustrated.

Infant Mortality in the Summer Months.

S. E. Getty, Yonkers, N. Y. (Journal A. M. A.), gives an account of methods by which the infant mortality from digestive disorders in Yonkers has been reduced 50 per cent within the last twelve or fourteen years. This has been accomplished by securing a better milk supply, tenement inspection, educational methods with both physicians and parents as regards infant feeding, etc., but the most effective measure of all, in Getty's opinion was the establishment of a milk dispensary. The effects of high temperature and humidity in the summer months, has, he thinks, been overestimated, but sudden changes,

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especially a rapid drop after a heated term, tend to increase the number of deaths. Epidemics of measles or whooping cough in late winter or early spring also seem to have a like effect. He suggests the following as the necessary measures for reducing infant mortality in cities: 1. Rigid state or municipal inspection of all milk from the producer to the consumer. 2. Properly managed milk dispensaries. 3. Educational methods with both physicians and parents, as to the art of infant feeding and the value of clean milk. 4. Employment of trained nurses in the summer months to follow up cases of digestive disturbances in tenement houses so as to secure proper sanitation and plenty of fresh air and sunlight. The paper is illustrated by statistical charts showing the saving in infant mortality during the four summer months, to which is to be credited about half of the reduction in the annual death rate of the city made during same number of years as covered by this study.

A Rational Method of Treatment in Chronic Endometritis.

Joseph H. Rector of Jersey City describes his method of treatment of chronic endometritis. It consists of free drainage of the organ and of its mucous glands with irrigations with various solutions. Preliminary dilatation is produced by the use of a mild galvanic current applied with an intrauterine electrode, and followed by irrigation with galvanization. The current must be even and uninterrupted and the negative electrode is applied in the uterus. The galvanic current produces direct cellular stimulation, of muscular, glandular and secretory structures. Simple catarrhal endometritis produces a watery discharge, while the involvement of the cervix renders it thick and ropy. Proper treatment involves cleansing, opening the mouths of the glands, stimulating glandular activity, and replacing the normal equipoise between vascular supply, innervation, and mutual relationship. All these are accomplished by galvanic irrigation.—Medical Record.

Grave Chorea and Its Relation to Septicemia.

B. Sachs of New York classifies chorea as follows: chorea minor with it evidences of infection; chorea associated with endocarditis and rheumatism; chorea gravidarum; senile chorea; septicemic chorea, in which there is evidence of an infectious origin for the symptoms. Of the last variety the author gives two very interesting histories. This form may occur at any period of life. A prodromal period of restlessness and slight twitchings is followed by a condition of universal choreic movements of violent type, such that the patient must be restrained in a padded bed to prevent self-injury. Speech is difficult or impossible. This is followed by a period of stupor which ends in death. High fever is present throughout, and sleep is fitful or impossible. A universal erythema of toxic form may be present in an early stage. Blood examinations in two cases have shown the presence of septicemic germs. These cases seem to be the expression of a general septicemic condition.—Medical Record.

Suggestions in the Treatment of Diseases of the Respiratory Tract.

(By J. F. T. Jenkins, Ph. G., M. D, Los Angeles, Cal.)

A marked advance in therapeutics has taken place in the last few years, and many new remedies have been

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introduced which after careful clinical tests have been found to be vastly superior to former methods of treatment. A drug which has attracted considerable attention is the new morphine derivative heroin. It has been brought before the profession for the purpose of allaying cough and to take the place of codeine as a more efficient substitute. Its action in relieving cough and dyspnoea is much more prompt and decided, and the frequent deleterious after-effects of codeine and morphine—nausea, vomiting, headache, constipation, gastric pains, tinnitus, and visual hallucinations—have never been observed during its administration. Results are equally as good with children as with adults, and it has now taken a permanent place in the armamentarium of the physician.

Some time after the introduction of heroin, while I was Acting Assistant Surgeon in temporary command of the station for the United States Marine Hospital Service, I had a number of government patients, sailors of the merchant marine, at the Los Angeles Infirmary (Sister's Hospital) under my professional care. In one case a persistent cough, which was extremely distressing to the patient and harassing to his friends, I tried everything I had heretofore used, without obtaining even partial relief. The then resident physician, Dr. M. M. Kannon, urged me to try a new combination of heroin with other drugs, known as Glyco-Heroin (Smith), made by Martin H. Smith Company of New York. Acting upon this suggestion, I gave a prescription for a few ounces of this preparation to be given in teaspoonful doses every four to six hours until relieved. The good effect was immediate and pronounced, and from that time to the present I have had positive results in relieving cough that I had failed to obtain in my previous experience of a quarter of a century in the active practice of the medical profession. Before giving it in the case mentioned I was inclined to be skeptical, notwithstanding the frequency of favorable reports in regard to it by respectable medical journals and leading professional men. I had tried without satisfactory results the usual mixtures "Heroin Comp.," of which there are so many without merit, failing entirely to accomplish all that heroin can be shown to do in using the preparation indicated. To satisfy myself still further and to remove a doubt in my mind that this might be an exceptional case or a mere coincidence, I was induced to give it a trial in a series of selected cases of a similar character. The result was so satisfactory that I feel constrained to add my testimony to that of others and place the record of cases before the profession; first giving a brief prelude dealing with the component parts of the prescription and its applicability in the treatment of all pulmonary and laryngeal diseases, followed by the expressed opinions of some eminent medical men as to the curative action of heroin, the most important drug in this excellent combination.

Treatment of Epithelioma and Carcinoma of the Mucous Membrane.

W. D. Witherbee of Charlotte, N. C., discusses the relationship of blood supply and recurrence in malignant growths, and describes a method of operating on such conditions in mucous membranes which is intended to restrict the blood supply of the parts about the wound. During the process of healing the X-ray is to be applied to the wound.—Medical Record.

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Personal

Oregon.

Dr. Van Gesner has located in Medford.

Dr. E. R. Morris has located at Monument.

Dr. E. J. Marsh, of Portland, visited in Albany last month.

Dr. E. V. Pickel, of Medford, was in Portland last month.

Dr. J. A. Reuter, of The Dalles, was in Portland last month.

Dr. W. G. Cole, of Pendleton, was in Portland last month.

Dr. E. O. Parker, of Pilot Rock, has returned from California.

Dr. E. V. Hoover, of Roseburg, was on the sick list last month.

Dr. A. L. Richardson, of La Grande, was in Portland last month.

Dr. O. M. Dodson, of Baker City, took a trip west last month.

Dr. W. S. Jones, of Medford, was on the sick list last month.

Dr. E. R. Todd, of Adams, was a visitor in Pendleton last month.

Dr. E. G. Kirby is being groomed for the office of Mayor of Elgin.

Dr. E. E. Straw, of Marshfield, was a visitor in Portland last month.

Dr. Roy C. McDaniel, of Baker City, was a Portland visitor last month.

Dr. J. D. Plamondon, of Athena, has been re-elected Mayor of his town.

Dr. J. W. Harris, of Eugene, was called to Junction City last month.

Dr. J. G. M. Luttenberger, of Pendleton, was in Portland last month.

Dr. Corpe, of Weston, was calling on his Pendleton friends last month.

Dr. William Kuykendall, of Eugene, has been a recent victim of la grippe.

Dr. R. A. Jayne, of Springfield, visited his Hood River farm last month.

Dr. R. E. Ringo, of Pendleton, visited his parents at Salem last month.

Dr. G. W. Ward, of Forest Grove, was a visitor in Astoria last month.

Dr. and Mrs. M. F. Shaw, of Hood River, were in Portland last month.

Dr. C. Gertrude French, of Portland, has moved into the new Medical building.

Dr. Fred W. Whiting, of Elgin, has been talked of as coroner for his town.

Dr. N. Molitor, of La Grande, was called to see a patient at Hilgard last month.

Dr. John Griswold, of Helix, was transacting business in Portland last month.

Dr. W. W. P. Holt, of Eaglepoint, called on his friends in Medford last month.

Dr. Nellie Smith Vernon, of Astoria, visited friends in Portland last month.

Dr. V. C. Belknap, at Prairie City, has recently proved up on a timber claim.

Dr. W. O. Prosser, of Eugene, was called to see a patient last month at Jasper.

Dr. Ben. L. Norden, of Portland, wants to be coroner of Multnomah county.

Dr. C. T. Bacon, of La Grande, was called to Kamela last month to see a patient.

Dr. A. J. Prill, of Scio, has been

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making some improvements to his property.

Dr. W. L. Parker, of Baker City, called on a patient in Eagle Valley last month.

Dr. E. H. Brown, of Forest Grove, has added a new automobile to his equipment.

Dr. Walter Culin, of Coquille, has returned from several weeks visiting in California.

Dr. D. A. Paine, of Eugene, is running for the office of republican committeeman.

Dr. Marie M. Coffin, of Moro, visited friends in Pendleton for several days early last month.

Dr. W. S. Jones, of Medford, returned last month from his trip to British Columbia.

Dr. G. W. Stephenson, of Medford, was around last month on crutches, due to a sprained ankle.

Dr. F. W. Whiting, of Elgin, was called to London, Ont., last month by the illness of his mother.

Dr. H. E. Currey, of Baker City, was detained several days in Pendleton last month by the flood.

Dr. A. L. Richardson, of La Grande, was in Portland last month, assisting in an operation on a patient.

Dr. J. N. Coglan, of Portland, has returned from his European trip, where he did considerable study.

Dr. E. R. Seeley, of Medford, did some driving over rough roads last month, visiting his country patients.

Dr. and **Mrs. Walter S. Jones,** of Medford, spent some time last month on their ranch, recently purchased.

Dr. Alexander Reid, of Portland, has been talked of as candidate for State Dairy and Food Commissioner.

Dr. Philip J. Bartle, of Eugene, was seriously ill last month, having had an operation for appendicitis. He is now improving.

Dr. B. R. Job, of Cottage Grove, has recently bought some real estate, and proposes to erect a modern brick building thereon.

Dr. W. S. Jones, of Medford, and another party have recently purchased a four hundred acre tract of land for $19,000.00.

Dr. A. K. Higgs, for many years a prominent physician of Heppner, has moved to Portland, and taken offices in the Corbett building.

Drs. Pernot and **Farra** have been warning the citizens of Corvallis against permitting stagnant water to accumulate within the city limits.

Dr. Gustave Baar, of Portland, is in Europe. He will attend a Medical Congress in Vienna, and return to Portland the latter part of June.

Dr. Fred Lieuallen has been looking after the practice of Dr. E. O. Parker at Pilot Rock. Dr. Parker has been recently bereaved by the death of his wife.

Dr. and **Mrs. James T. Townley,** of Dufur, have gone to San Francisco, where the Doctor will take a post-graduate course and stay several weeks.

Dr. R. R. Hamilton, formerly of Medford, has located at Klamath Falls, and will soon begin to build a nice home for himself, as the Doctor is well pleased with the location.

Dr. J. A. Pettit, of Portland, has just returned from a trip to Panama, where he looked over the work being done on the canal, and purchased some timber land near the City of Panama.

Dr. M. Dittebrandt, formerly of Milton, is now practicing in Portland, and

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is securing a valuable list of patients. Dr. Dittebrandt has for a number of years been a prominent physician in Eastern Oregon.

Dr. J. T. McCormac and daughter, of Marshfield, spent three weeks last month visiting the chief cities on the Pacific coast, studying the construction of school buildings, in which they are very much nterested.

Washington.

Dr. S. F. Wiltsie, of Seattle, is a candidate for coroner.

Dr. T. D. Sayre, of Marysville, was in Everett last month.

Dr. H. Blair, of Elmer, visited his son at Tacoma last month.

Dr. Henry Dalton is a new physician to locate in South Bend.

Dr. H. K. Lum, of Monroe, was a visitor in Everett last month.

Dr. H. Blair, of Elma, called on his friends in Tacoma last month.

Dr. H. Blair, of Elma, was in Montesano, on business last month.

Dr. Fred Peacock, of Cathlamet, sold a house and lot last month.

Dr. D. C. Newman, of Spokane, will probably run for the legislature.

Dr. J. O. Van Winkle, of Oakville, was a visitor in Olympia last month.

Dr. P. C. West, of Bickleton, was noticed on the streets of Portland last month.

Dr. Fred Peacock, of Cathlamet, was doing business in Astoria last month.

Dr. A. J. Osterman, of Mt. Vernon, was a caller in Burlington last month.

Dr. and Mrs. T. C. Campbell, of Castle Rock, were in Portland last month.

Dr. M. R. Peck, of Colville, had a narrow escape from a runaway last month.

Dr. Mulder, of Lynden, started last month on an automobile trip to California.

Dr. T. P. French, of Elma, was seriously injured in a runaway accident last month.

Dr. and Mrs. C. M. Frazee, of Sedro Woolley, were visiting in Bellingham last month.

Dr. F. M. Bell, a prominent physician of Kelso, has located at Falls City, Oregon.

injuries sustained by a woman at his Sanitarium. The jury found in favor of the Doctor.

Dr. and Mrs. John R. Hathaway, of Everett, visited their daughter at Vancouver last month.

Dr. and Mrs. Charles C. Harbaugh, of Sedro Woolley, made a trip to Hamilton last month.

Dr. F. L. Carr, of Hoquiam, is making arrangements to reopen his hospital in Montesano.

Dr. W. S. Durand, of Everett, was at Arlington last month as a witness in a criminal case.

Dr. J. C. Snyder, of Seattle, was married last month, at Olympia, to Miss Gertrude Pauline Moore.

Dr. Thomas C. Barnhart has opened an office in Spokane. Dr. Barnhart has recently practiced in Iowa.

Dr. C. W. Bales, of Kelso, has just bought a piece of land, which he proposes to turn into a fruit ranch.

Dr. H. R. Keller, of Walla Walla, is considering the desirability of becoming a candidate for state senate.

Dr. J. S. Kloeber, of Green River,

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has just had a day in Court defending a suit for $15,000.00 for personal

Dr. A. E. Braden, of Walla Walla, was married on March 31st to Miss Edna Earle Houser.

Dr. Chas. L. Zener, of La Center, came to Portland last month to be treated for rheumatism.

Dr. D. A. Schumacher, of Aberdeen, was a witness in the superior court at Montesano last month as an expert witness.

Dr. and Mrs. J. R. Hathaway, of Everett, took three weeks during March to visit in Portland and San Francisco.

Dr. C. P. Thomas, of Spokane, gave a dinner to 80 of his fellow physicians last month, to celebrate the twentieth anniversary of his graduation from the medical department of the University of Oregon.

Dr. J. S. C. Rich, of Roy, has gone on a three month's trip east and south. He will visit some eastern hospitals while absent. Dr. Hunter, of McKenna, will have charge of his practice while Dr. Rich is absent.

Dr. F. M. Bell, of Kelso, has sold his practice to Dr. W. M. Signor, recently of Miichigan. Dr. Signor has had considerable hospital experience, and will bring his family out as soon as he secures a house.

Dr. J. A. Ghent, of Seattle, has withdrawn his candidacy for health commissioner. He has recently fallen heir to a legacy of a quarter million dollars, left him by an uncle in Toronto, but the Doctor intends to stay in Seattle.

Idaho.

Dr. J. A. Simpson, from Tennessee, has located at Middleton.

Dr. J. C. Woodward, of Payette, was a visitor in Boise last month.

Dr. J. R. Numbers, of Weiser, was in Huntington last month on business.

Dr. B. L. Steves, of Weiser, has moved into a more comfortable office.

Dr. J. C. Woodward, of Payette, called on friends in Baker City, Ore., last month.

Dr. B. F. Miller, of Nampa, was called to Illinois last month by a telegram from his wife.

"The Flowers That Bloom in the Spring" With Variations and Digressions.

W. B. Konkle of Montoursville, Pa., advances a plea for the more careful study of the actions and uses of the various vegetable preparations, especially in chronic diseases. The author thinks that we have lost valuable remedies by discarding the old fashioned decoctions and infusions. Had we a better knowledge of their actions and the indications for their use we should get better results from their administration. We must know the acute and chronic effects of these drugs. The author then cites a number of drugs which have valuable medical properties that are among the common field and wood plants.—Medical Record.

Practice for Sale.

Six-room house and lot, $1500, including one of the best suburban practices in Portland. Reason for selling, sickness in family makes a change of climate necessary. Address "M," Medical Sentinel Exchange Bureau, 606 Marquam Bldg., Portland ,Ore.

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yellow flag on them, but let them remain at home till they are well. Use antitoxin early in sore throats—better inject two innocent parties than let a guilty one escape. Carefully examine our houses for sewer gas, and our wells to make sure they are sanitary.

Use 6 ounces of permanganate of potash in each pound of formaline to disinfect. Use it often, it does no harm.

The formula is 6 oz. permanganate pot. to 1 lb. formaline for every 1000 cubic feet of room to disinfect. Put the formaline in an iron kettle, not less than 8 inches deep, and set kettle on brick, or something fireproof; put pulverized permanganate in kettle and leave room. It will often generate a blaze, so we must be careful of fire. If we let others use it, we must caution them accordingly.

Some New Facts Regarding Heart Disease.

Wachenfeld of Bad Nauheim, Germany, discards the old notions of compensatory work, hypertrophy and dilatation, as unfounded on facts shown to exist in the circulatory mechanism. Hypertrophied muscle has undergone pronounced degenerative changes and could not increase the work of the heart. The pooly nourished muscle would tend to relaxation. Pressure cannot be negative in any part of the circulation as would occur if dilatation was produced. The increase in area of dullness of the heart is due to changes in position, not to dilatation. Our present views of the machanis mof valvular disease are defective. The lesion develops slowly. Blood cannot regurgitate through diseased valves in quantity great enough to influence intraventricular pressure. Should it do so the volume of circulation must be reduced. Valvular lesions are always the result of infective processes of the endocardium. Supposed lack of compensation is only a new disease engrafted on an old one. Indurated valvular excrescences can never undergo any change. The myocardial changes are the important point. The lymphatics are the carriers of cell nourishment and the improvement of their work by diet, hydrotherapeutics, and rest will improve the condition. Thus rest in bed, digitalis, and thermal baths act well on the diseased heart, and exercise is contraindicated.—Medical Record.

The Diagnosis and Treatment of the More Common Diseases of the Skin.

Edmund Lindley Cocks of New York decribes the differential diagnosis of a number of the commoner forms of skin diseases with a view to preventing mistakes in diagnosis and treatment by the general practitioner. He then gives the practical means of treatment of these diseases. The microscope will aid the practitioner greatly in most of the parasitic diseases in making a diagnosis.—Medical Record.

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CONCERNING THE PROSTATE OPERATION

By E. F. ROOT, M. D.
Salt Lake

Read before the Idaho State Medical Society, October 4, 1907

Concerning the prostate operation I have only one point to make. That is, the operation as done today is modern and consequently a fad that is carried to the extreme. That cases are operated on regardless of pathology, etiology or prognosis entirely too often.

There is an immutable law governing the animal economy that must be known and obeyed. There is a change going on from infancy to old age, first of construction and development with a period of comparative stability and then of retrograde metamorphosis, schlerosis and decomposition until the tissues return to mother earth or the elements from which they sprung. There is no exception to this law, and only the slightest variation in the time or methods of its being fulfilled.

The prostate gland is no exception to the general law. It is rudamentary at birth, springs into active life at puberty, fulfills its mission as an essential part of the sexual life and retrogrades and becomes schlerosed as old age creeps on. It passes through about the same natural change as do the other secreting glands. It is natural to expect at the end of a long life not only impaired function of the gland itself but an interference to some extent with the functions of other organs more or less dependent upon it. It is subject to the same diseases as the balance of the generative system and the effect of disease may as surely leave its imprint as on any other tissue of the body.

During youth and early maturity the gland is soft and has no detrimental effect on any other organ unless it becomes diseased. Later it gradually impinges on the urethra and the neck of the bladder from its natural growth and hardening, thus holding back the urine and causing somewhat of pouching of the lower part of the bladder. This damming back and pouching causes more or less atony of the bladder and prevents complete emptying in the natural way. If finally the gland becomes so hard and large that it almost occludes the outlet, the bladder becomes distended and the urine escapes only in small amounts as an overflow. If the gland is not otherwise diseased this condition will not appear until the evening of life, and, I think, should be cared for in all but extreme cases, as any other senile organ, the utmost care being given to the entire mode of living, even to the smallest detail.

It is possible to evacuate the bladder by catheter when necessary

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without doing harm in all but extreme cases. Most men would prefer this to a mutilating operation, with doubtful results as to life or convenience.

In extreme cases removal of the gland may be deemed necessary to prolong life for a few months or years, even if ideal results are not obtained. And it is only in exceptional cases results are obtained to be proud of. It is understood that malignant disease must be treated by extirpation at an early date to get results at all. Adenomata and fibromata may impinge so seriously as to require removal, or the bladder may become incrusted and require draining. These conditions demand surgical interference, and it should be done promptly and boldly, and in the most expert manner. But what I protest is, that the old man should wear his prostate and care for it until it is a menace to life itself. I believe we are in the same position as to the prostate today that we were a few years ago as to the ovaries. We know there was a needless sacrifice then, until we learned better methods. Let us get away from wholesale sacrifice of the prostate as early as possible.

If the operation must be done, let it be with as little traumatism as possible. Somewhat of an injury will be done to the adjacent parts. There is sure to be some breaking up of the vessels about, for they are very large and numerous. Drainage must be very free. The extirpation should be within the capsule as nearly as possible. I believe no single method can be followed to the exclusion of others.

The perineal route will probably most often serve better, and I believe as a general thing the small linear incision of Goodfellow is best adapted. It is true a large curved flap gives better exposure to the eye, but one should be so sensitive with the touch that the tissues may be plainly seen by the finger. If one is so trained, enucleation with the finger within the capsule can be done with very little wounding of the surroundng tissues.

In the hard fibrous variety the mucous membrane of the bowel and bladder may be intimately connected and may be with difficulty kept from laceration. These cases demand the utmost care and consummate skill to carry them to successful issue. A large laceration of the base of the bladder is sure to result in incontinence. While before operation the patient was hardly able to void urine, he is now in almost as deplorable condition from constant dribbling.

If the bowel is torn into, a recto-urethral fistula follows and the urine will pass in part by the bowel. If both bladder and bowel are torn, a recto-vesical fistula follows and all the urine passes by the bowel. What more deplorable condition?

Lately every surgeon has had more or less experience along these lines. I wish to urge, first, no operation that is not intended to save life; second, no extirpation by anyone who has not had sufficient surgical experience to do the operation deftly and with as little traumatism as possible.

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Medical Societies

Portland City and County Medical Society.

The City and County Medical Society of Portland met in the room of the Commercial Club March 4, 1908, and was called to order by President Hamilton.

Minutes of previous meeting were read and approved.

Members present: Drs. Buck, Chipman, Ellis, Hicks, Fenton, Goray, Hill, House, Holden, Hyde, Hamilton, Hubbard, Hawke, Irvine, N. W. Jones, King, Mackenzie, Moore, Mount, Marcellus, Mackey, McCusker, Marsh, McNary, Pierce, Roth, Spencer, Smith, Story, Sternberg, F. M. Short, Tilzer, Tucker, White, Whiteside, Yenney.

Visitors: Drs. Byron Miller, secretary State Board; DeArmond, Kiehl, Keene, Moore.

Proposals for Membership.

Dr. Max Rosendorff, graduate University of Munich, July 21st , 1903. Recommended by Drs. L. H. Hamilton and Alan Welch Smith.

Election of Members.

Dr. H. M. Greene, graduate University of Oregon, April 18th, 1904. Elected by unanimous ballot.

Reading and Discussion of Papers.

The first paper of the evening was read by Dr. A. E. Mackey, viz: "Periurethral Infections." The anatomy of the urethra was gone into by the author, showing the extent to which infection will penetrate, and also showing that infection is seldom acquired by other than gonorrheal inoculation. No special line of treatment is recommended, but the good judgment of the surgeon is called for to direct such treatment according to the development of the case.

Discussion opened by Dr. Whiteside. General discussion by Drs. Hyde, White, Mackenzie, Buck, Dr. Mackey closing the discussion.

Second paper was read by Dr. L. W. Hyde, viz: "Examination of the Urine as an Aid to the General Practitioner in Diagnosis." The chief points made were along the lines of systematic examination, and a proper estimate of the findings as influenced by the clinical symptoms. Too much stress cannot be laid on the importance of arriving at the proper weight to be given the findings, as indicated by clinical symptoms, and repeated examinations.

Discussion opened by Dr. Robt. C. Yenney. General discussion, Drs. Holden, Mackey, Moore. Discussion closed by Dr. Hyde.

Cases in Practice Related by Members

Dr. Mackenzie reported a case of Molluscum Fibrosum. Pain in feet, loss of sensation, eruption, peculiar lump over thigh and sciatic nerve, nerve below tumor twice usual size. Tumor with nerve removed for about two inches above and below. Branch of the popiteal nerve was cut and the divided ends sutured to that of the sciatic with chromicised catgut No. 1. Results show that sensation is being established.

Dr. Wm. House reported a series of cases of post scarletinal and post diphtheretic neuritis, or palsy. Symptoms, loss of patella reflex, swaying in the dark, and walking with a swaying gait.

Treatment.—Strychnine, galvanism, massage.

Miscellaneous Business.

Secretary read application of Dr. Chester C. Moore, who desires to become a member of this society. Said application was handed in too late to be considered under that head.

Dr. Byron E. Miller, Secretary of State Board of Medical Examiners, was present by request, and stated

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MEDICAL SENTINEL

MAY
1908

Volume XV **Number 5**

Notes

At the recent medical examination in Idaho, there were 28 applicants to take the examination, of whom 21 were successful. The next meeting of the State Board Medical Examiners will be held in Boise, October 6th and 7th.

The physicians of Benton County, Washington, have organized a Benton County Medical Society. The officers elected for the ensuing year were as follows: President, Dr. C. C. McCown, Prosser; Vice-President, Dr. D. M. Angus, Prosser; Secretary, Dr. H. Welland Howard, Prosser; Treasurer, Dr. F. M. Crosby, Kennewick.

The City Council of Spokane is considering the advisability of requiring the school board to employ a physician whose duty it shall be to devote the necessary time to visit the schools and make an examination of the school children for physical defects, traces of contagious and other diseases, and defective eyesight. Dr. M. B. Grieve is pressing the matter, and hopes to have such an arrangement permanently effected.

American Medical Editors' Association.—The annual meeting of this Society will be held at the Auditorium Hotel, Chicago, on May 30th and June 1st. An extensive and interesting program has been prepared, and every member of the association is urged to be present, and editors of magazines, not now affiliated with this society, are also invited to meet with them. Do not forget the date, Saturday, May 30th, and Monday, June 1st.

Dr. Wm. E. Cass, contract surgeon at Vancouver Barracks, has had his contract annulled by the War Department. The reason given for this annulment is, that he has been writing letters and sending telegrams to members of the Senate in Washington, advocating various changes in the lay relating to contract surgeons. Most people outside of the members

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of the military committee in Congress, and members of Congress, think that the law needs radical change, and the chances are that Dr. Cass' suggestions were in the line of justice.

A man named Larson, who has been practicing in Washington under the name of the "Teleconi" system, has been prosecuted under charge of obtaining money under false pretenses. His defense is that he does not use the title of Doctor, nor does he use medicine in his treatment, but admits that he charges a fee for consultation where his visitor desires to be advised on his physical ills. Of course the Larson defense is the usual one, that the charge is being pressed against him as the result of jealousy on the part of the physicians. He declares that he has beaten similar cases in other states, and will do so in Washington.

The county authorities in North Yakima have come to the conclusion that the position of health officer of the county should neither be auctioned off to the highest bidder, nor given out as a reward for political services. They have listened to the suggestions of the Yakima County Medical Association and appointed Dr. Thomas Tetreau to the position at a salary of $150 a month. Out of this salary, the officer must pay his deputies and drug bill. The county association sought to have the salary fixed at $250 a month, so that the officer might be able to devote his entire time to his official duties. While they were not successful in securing this appropriation, they at least feel that they have accomplished something.

The medical men in Walla Walla have recently discussed very seriously the danger of an epidemic of typhoid fever by using the present water supply of the city. Dr. H. R. Keylor has been giving the subject especial attention, and he states that while Walla Walla is apparently situated so that it can command a pure water supply, yet sufficient steps are not taken to protect the public from pathogenic germs. He insists that Mill Creek, from which the city's water supply is obtained, is not sufficiently protected above the intake pipe. Occupied camps should not be allowed near the creek, and no camps at all in the neighborhood of the water supply, unless the strictest hygienic requirements are met. As the matter now stands, the Doctor says Walla Walla has no protection whatever. He referred to the care with which Portland protects the source of its water supply. There is every reason to believe that Dr. Keylor's warning will be heeded.

The Washington newspapers in their search for sensational news are making the most of the alleged wrongs worked upon some applicants for license to practice medicine in the state. They have recently been publishing interviews with men who have practiced medicine for a number of years in eastern and middle states, but who have failed to pass the examination

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in our sister commonealth. One physician states that he has practiced for forty years in the East, but was unable to answer the questions which appear in the examination papers of Washington at this time. He is now cultivating a little five-acre garden tract and doing this in preference to returning to his eastern home and taking up his work there, or being coached by the "Quiz" school which has been started in our sister state by some very enterprising physicians who desire, for a consideration, to assist those in passing examinations who have not devoted their recent years to study of the latest text books. The newspapers, of course, can readily see enormous wrongs that are being worked on the old practitioners who are old-fashioned enough to resent new Western methods of requiring candidates for practicing medicine to take modern examinations.

Usually when an alleged physician is prevented from practicing because of a conflict with the state laws, he insists that he has any number of diplomas from eastern states or well-established medical colleges, and that the local authorities are engaged merely in persecuting him. One of these men by the name of Raaf, in Idaho, started to take a medical examination last month at Coeur d'Alene. While at work on the questions which had been submitted to him he asked one of the examining doctors if the tenth nerve had not another name, and if so, what this name was. He did not get such an answer to his question as he desired, whereupon he gathered up his examination papers and left the room without completing his examination. This particular man has on three different occasions had suits instituted against him for practicing without a license, and several suits are still pending against him. It looks as though he was unable to pass the state examination and that would seem to be sufficient reason why he should not be allowed to practice in Idaho. With the Idaho laws the way they are, and a large number of tender-hearted jurymen abroad, it is very probable that Mr. Raaf will continue to vex the souls of the profession.

On April 3rd a meeting of the Clatsop County Medical Association was held in Astoria, and officers were elected as follows: President, Dr. A. A. Finch; Vice-President, Dr. R. J. Pilkington; Secretary, Dr. Clara Reames; Treasurer, Dr. Nellie Vernon; Representative to State Medical Association, Dr. J. M. Holt; Alternate, Dr. J. A. Fulton. The association adopted resolutions of respect to the memory of the late Dr. August C. Kinney as follows: "Be it Resolved, That the Clatsop County Medical Association in loving remembrance of Dr. August C. Kinney, thus expresses its deep sorrow over his death. That the death of Dr. August C. Kinney removed from our profession one whose intense love for his fellowman led him to make it his life's work to do all that one could do in his allotted time for the alleviation of human suffering and to prolong the lives of those he loved so well. That this association, while recognizing the inscrutable wisdom of the Creator of all, deplores the loss to our profession of one who so thoroughly exemplified all that is highest and best in the physician. That this association wishes to convey to the grieved widow and relatives of our beloved member,

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this expression of our earnest sympathy in their bereavement and our appre ciation of the noble life and work of our beloved friend and brother."

At the meeting of the State Medical Board held in Coeur d'Alene, Idaho last month, a motion was made and carried that hereafter each applican must, before he is allowed to take an examination, furnish the board wit his photograph in order to guard against fakirs and frauds in the medica profession. The board has not experienced much trouble along this line but the boards of other states have, and the board in view of this and als some experience it has had with men of this class in the state deemed i wise to take the above precaution. Several methods are pursued by thes impostors and fakers to evade taking an examination before the state boar There are men, it is said, who are experts, who may be said to be profes sionals in the matter of taking medical examinations before the differen state boards. These experts or professionals go to the graduates of unrecog nized medical institutions, to those who are utterly incompetent and can no pass an examination, and for a consideration agree to make application an take the examination under their names. If the examination is successfu as it always is, the license issued is transferred to the impostor and in th course of a year or so, after the board has changed, or, for that matter, i many instances immediately, he moves into the state and takes up the pra tice of medicine. This fraud will, by the use of a photograph for identi cation, be eliminated and the state be rid of charlatans and incompetent me

The thirtieth annual meeting of the Montana Medical Association wi be held at Butte on the 13th and 14th inst. Among the papers to be rea are the following: Address by President, W. W. Taylor, Kalispell; Healt Problems in the Graded Public School, by Geo. W. King, Helena; Thromb Phlebitis, by H. D. Kistler, Butte; (1) Exhibition of a Specimen of Anenc phalic Monster, (2) Case of Chorion Epithelioma of the Testicle, by Samu T. Orton, Anaconda; Drainage in General Peritonitis, by T. C. Witherspoo Butte; Perverted Metabolism, Its Relation to Certain Neuroses an Psychoses, by C. E. Riggs, St. Paul, Minn.; Politics and the Profession, b T. J. Sullivan, Seattle, Wash.; The Relational and Clinical Anatomy of th Nose and Accessory Sinuses, by Peter Potter, Butte; Vision and Refractio in their Relation to the General Health, by Carl Schulin, Billings; Goitr by G. T. McCullough, Missoula; Surgery of the Liver, by Jacob Frank, Ch cago, Ill.; Headache and its Cure, by J. A. Donovan, Butte; The X-ray i Country Practice, by H. F. Smith, Pony; Syphilis as a Cause of Diagnosti Error, Case Reports, by C. C. Wallin, White Sulphur Springs; Mistake Conclusions from Blood Examinations in Children, by E. B. Patterson, Phi lipsburg; The Dietetics in Intestinal Infection, by Fenton B. Turck, Chicag Ill.; The Rights of the Tuberculous, by C. T. Pigot, Butte; Asexualizatio for the Prevention of Idiocy, by A. L. Ward, Boulder; Pollution of Domesti Waters, by T. D. Tuttle, Helena. The Montana meetings are always highl interesting and valuable, and this year promises to be no exception to th rule.

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Editorial Notes

The Secular Press and Patent Medicines.—It is always gratifying to find a secular newspaper which exercises care as to the kind of advertisements it will admit to its columns. A great many newspapers, daily and weekly, and some monthly periodicals, will publish anything in their advertising columns for which they can get pay. The Grants Pass Observer is one of the papers which is not so avaricious for money that it will take everything which comes along accompanied by a check. This paper, while admitting that there are proprietary medicines of real value, states that the trouble is for the laymen to distinguish the good from the bad. The Observer needs to do a little discriminating itself, for it seems to be somewhat uncertain as to the current meaning of the terms "proprietary medicine" and "patent medicine." The term "patent medicine," while not necessarily describing a preparation which is harmful, yet has acquired a meaning of that character. To most intelligent people, the term "patent medicine" is a derogatory one. It presupposes a secret formula, carefully guarded, and presented to the public with the idea that the public after paying its money will open its mouth and swallow the medicine, asking no questions. The proprietary medicines which occupy an honorable position in the medical profession, are preparations manufactured by experienced chemists, and sold to the medical profession with such information as to the formula that the medical men buying them know what they contain. The Observer states that the medical profession do not appear to be doing anything to enable the public to protect itself. The Observer is very much concerned in this matter, and has on more than one occasion suggested that the government should appoint a commission to inquire into the merits of the innumerable patent medicines, with power to recommend and condemn. The Observer may rest assured that the medical profession is doing a great deal to enable the public to protect itself and it is not receiving the cooperation of the secular press which the object sought deserves. The government has already taken steps in the direction suggested, and some manufacturers of medicines offered to the public have already felt the force of the law because their so-called medicines were not as described on the outside of the packages. The physicians of the country who are really working for the best health of the community, do not as a rule, receive the intelligent support of the secular press such as we believe the Grants Pass Observer wishes to offer.

Fighting the Medical Board.—There are some individuals in this world who have a strange bacillus in their brains which compels them to disregard law. They would rather break the law than abide by it. They are not happy except when in a defiant mood. To them the acme of enjoyment is to be at bay, with some good sized rocks at hand to hurl at their foes. They are worthy descendants of the cave men whose first instinct was to scrap with their contemporaries. One of these gentlemen is now causing some heartburnings in Seattle. His name is Stewart. He cares nothing, apparently, for having his license to practice taken away from him by the medical board. He still hangs up his shingle and says—"I'll fight that board anyway, whether I lose or not,

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and I'll continue to practice, license or no license, until they arrest me and lock me up." The cause of Dr. Stewart's trouble was that he entered into a league with a man named Lawson to get in advance the examination questions by the board of examiners. The matter has been in the courts for trial and appeal, and the board of examiners has been sustained in its position against this man. In the meantime, he continues to practice, writes death certificates and generally ignores the laws of the state. He is a practical anarchist. He believes in absolute freedom to do as he pleases, but the Washington authorities appear to have the better of the contest up to date.

Our Drug Fiends.—There is much of live interest in criminology for the student of medicine to study. Take the man Martin, charged in Portland with the murder of the pawnbroker and jeweler, Nathan Wolff. The circumstances surrounding the murder, and the doings of Martin during the fatal night, point with striking force to his guilt. There is much for the psychologist to study in a case of this kind in the workings of Martin's mentality while under the constant influence of drugs, which controlled him beyond all power of his own. He is reported to have made a few tentative efforts to relieve himself of the thraldom into which he entered, but these efforts were too short and fickle to be of any permanent value. He relapsed each time into the depths of drug-control deeper than ever. Such persons have no difficulty whatever in procuring all the drug they want, notwithstanding laws that may exist against their sale to persons who are considered unauthorized to purchase them. There is a field for urgent work in the care and treatment of these drug fiends. They are a menace to their friends and the pub
Under the influence of cocaine, so
persons are absolutely dangerous a
without self-control. Should they
permitted to wander at large, a m
ace to their families and the publ
If they are arrested and placed
some institution where they will
treated, perforce, and cured of
drug habit, if possible, there would
a cry raised that they were being
prived of their liberty without hav
committed any crime. One can
agine the fuss the lawyers would ma
over the subject; the writs of hab
corpus that would be issued; the l
tomes that would be carted into
court rooms; the precedents t
would be quoted from, dating from
time of King John and the Mag
Charta down. And yet surely t
would all be in the interest of
community in general.

Medical Emergencies.—The Natio
Volunteer Emergency Service, ins
tuted in 1900, has recently been
organized by the election of Dr. Jam
Evelyn Pilcher, the distinguished e
tor of The Military Surgeon, as
Director General, and Dr. F. Elb
Davis, of New York, as its Adjut
General. Its work will be conduct
along military lines, the details bei
worked out in three separate cor
a First Aid Corps, a Public Hea
Corps, and a Medical Corps—the l
ter consisting of physicians, with ra
from Lieutenant to Colonel, accordi
to length of service, to whom are
forded special opportunities for em
gency training. It includes among
personnel a large number of notal
personages, and is rapidly extendi
its membership throughout the cou
try. Full details regarding the se
ice and its great work may be
tained by addressing Director Gene
Pilcher at Carlisle, Pa. This mea
much to the public and to the p
fession.

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THE MEDICAL SENTINEL

HENRY WALDO COE, M. D. Editor
PORTLAND, OREGON

With the Collaboration of the Officers of The State and District Medical Societies of Oregon, Washington, Idaho, Montana and Utah

Address all communications regarding papers, subscriptions, advertising or business matters to the MEDICAL SENTINEL, Marquam Building, Portland, Oregon

PUBLIC SENTIMENT

Public sentiment is largely made from what the newspapers contain. Two thousand years ago, Romans formed their conclusions, partly from the speeches they heard delivered in the Forum, and partly from the remarks that were made by those who button-holed their fellows in the streets and other public places. The day of movable type had not appeared, and the living voice was then the moulder of public opinion. Today the newspaper does the work, not as it was done when Horace Greeley swayed a large part of the nation by his editorials, for the editor of today has comparatively little influence, so far as his editorial columns are concerned. The teacher has been abroad, and the community is conceited enough to think that it can form its own conclusions, when the facts are placed before it. Facts, allegations taken to be facts by the reader—these are what count in these days.

It has not occurred to the newspapers of the land to suggest forcefully that money should be expended for the prevention of disease with as great liberality as it is expended to cure it. They work without stint for contributions to hospitals, and applaud in large type every good work that is done to provide for hospital treatment for those who cannot pay for it themselves. But they are lukewarm when suggestions are made that public funds be provided looking to the prevention of disease. The suggestion has been made, and it is an excellent one, that surgery has perfected the operations for bunions, ingrowing toenails and hammertoe, but what scientific interest is given the question of shoes for healthy men? Similar illustrations might be multiplied indefinitely. What city council heeds with adequate appropriations the demand for competent men and women whose business it shall be to enforce the pure food law—to see that public markets are kept in sanitary conditions? The men and women who are laboring hard, often without compensation, to secure these desirable ends, are too often pointed out as cranks, who are working their hobby to death.

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The newspapers are not doing their full duty in the premises, partly because it has not been presented to them in the proper light. They are too prone to regard opposition to quackery as an attack on their advertising columns, seeing that the worst quacks are well represented there. Even some of the religious papers, which are supposed to be as Cæsar's wife, carry advertisements that should in the interest of disease prevention, not be presented to the public. How difficult, then, it would seem to be to get at the consciences of the worldly newspaper proprietor, who does not pretend to stand in the high ethical column claimed by the editors of the religious newspapers. Who can doubt the truth of the statement that "just in proportion as the medical profession becomes proficient and learned in the art of maintaining health in just that proportion will be increased its power as a force in the public life."

Some day a way will be found to enlist the secular press in the good work of prophylaxis. Theoretically it is so enlisted now. Actually it is not. Its efforts are spasmodic, contradictory, halting. This is more because it does not know how, than because it is opposed to the work. It is ever ready to give ear and space to the itinerant individual who insists that if he had the authority to take money for advising the sick in some eastern state, he should be entitled to the same privilege here, regardless of western rules as to examination. He easily finds a snug, sympathetic newspaper column, which is ready to give him an opportunity to cast slurs at the established local profession which is in sympathy with the effort to keep pretenders out of the fold. Such interviews are sensational, and even the most conservative newspapers are looking with more or less anxiety for sensations. Some day, we repeat, there will be found a way to remedy this evil, but it looks a long way off.

THE MOST IMPORTANT MEASURES

During the past few weeks there has been a good deal of politics in Oregon, Washington and neighboring states. This state of things will continue for some months to come. What are the doctors of these various states doing to secure the sort of legislation that is needed for the benefit of the public? Perhaps when the various legislators meet at their respective capitals for the purpose of revising and making laws, there will be delegations of physicians in attendance whose special business it will be to advise the legislators as to needed public health legislation. But that is pretty late to begin action. There is a dearth of medical men in this immediate vicinity on the legislative tickets. Dr. Belt tried to get the republican nomination as joint representative for Multnomah and Clackamas counties, but so far as we saw, in his appeals to the public he dwelt entirely on the fact that he was for "Statement No. 1," and not at all that he sought to secure legislation

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looking to a higher grade of sanitary conditions in his district or state. The medical men of the county probably did not interest themselves a particle in his candidacy, and for some reason he scarcely knew he was running, when the votes of the primary election were counted. The mere fact that he was a physician did not seem to secure him any large number of votes.

The issues of an election are varied, and usually the most insignificant are those that attract the greatest amount of attention. Five years hence who will care a snap of the finger as to Statement No. 1, and the figure it cut in the 1908 election? But five years hence and many years after that, many human beings will be influenced in their health and strength and life by the sanitary conditions that prevail at this very moment. The question as to whether or not the state should give of its wealth to help support the Open Air Sanitorium for the cure of tuberculosis is a very small matter in the mind of the public at this time, but who will say that it is not ten fold more important than Statement No. 1, concerning which friend and foe alike have gone daft? The questions as to whether the railroad companies that run their cars to and fro in the state shall keep their equipment clean, and spend a little more money on the toilet conveniences at their depots; whether quackery shall continue to run riot over the state; whether the newspapers shall be allowed to advertise the cure-all medicines that appeal to the unhappy people who need expert advice; these questions are of infinitely greater importance to the public at large than such ephemeral subjects as Statement No. 1.

The idea has gained ground somehow, that what the physicians advocate in the way of legislation, is specially for their own benefit. A most absurd proposition! If the physicians were considering their own sordid interests, they would be willing that epidemics should rage; that unsanitary conditions should prevail. They would know how to protect themselves and families with measureable success, and what a business they would have, caring for the sick! The general public which is superficial in its observations cannot, half the time, see that the physician in laboring for good sanitary laws, is working solely for the public weal. And yet, while he is earnest in this, his efforts are so often not well directed, for he asks no questions of the prospective legislator until he is well elected, and then he goes to him. Half the time then he is scorned, and his suggestions are brushed aside as of little value. Pure foods, pure water and plenty of it, sweet surroundings for the children; all these and many other desirable hygienic measures are regarded by the average member of the legislature as of minor importance. All of which is submitted as a suggestion of the infinite amount of effort that is required to secure a part of what the profession regards as being in line with good government, good morals and good health.

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DISSEMINATION OF TUBERCULOSIS

By W. D. SPRINGER, M. D.
Secretary Idaho State Board of Health, Boise, Idaho

Read before the Idaho State Medical Society, October, 1907

A paper on this subject, not purporting to convey to the patient listener results obtained by painstaking original research, must necessarily be only a "resume" of modern literature and accepted beliefs. I shall quote frequently from various authors, and text-books without special reference, and if, therefore, it seems at times plagiarism, I ask to be absolved from indictment before the act. Limited as I understand my subject to be, and the purport of the paper in this series, I shall be brief, and endeavor to be concise.

Tuberculosis is an infectious disease, caused by the bacillus tuberculosis, not in the broadly recognized sense of the term does it ever include direct hereditary transmission. A number of cases have been published in which congenital tuberculosis in both animals and man, has been demonstrated. The first case was that of Johne, who found tubercular lesions with bacilli in a new-born calf. Ouche and Chamberlain found both tubercles and bacilli in the placenta of a woman who had acute miliary tuberculosis, and who gave birth to a child that lived for twenty-six days and died of general tuberculosis. We may be warranted in assuming congenital infection in a considerable number of children who died of the disease in the first weeks or months of life, but such cases are rare. It is probable that the foetus may become infected, either from the blood or by means of the genital canal, and either the father or mother may be the source of infection. Experimentally it has not been possible to transmit the disease by coitus, either to the mother or to the foetus; congenital tuberculosis leads not to a latent, but to a rapidly generalized tuberculosis. There is, however, no proven foundation for the assumption that the bacillus can be transmitted through the semen. Advanced uterine tuberculosis with placental hemorrhages is the usual cause of the few recorded cases.

Nothnagel's Practice says unless these conditions are complied with, one would do well to be as sceptical towards this assumption of hereditary transmission as one should be toward idiopathic and rheumatic suppuration. Practical significance is not be attributed to such transmission, all the more since such fetuses and children seem to die speedily. This being the proven rule, it is better at the present time to enforce upon the public that hereditary transmission is not proven, but that infection is the danger to be combatted.

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Since, then, dissemination of the disease must depend upon infection with the tuberculosis bacillus from the environment, a brief outline of the probable methods ensues. The tuberculosis bacilli probably never find natural external conditions favorable for their multiplication. Exposure to sunlight destroys them. Individuals with the disease are the usual source of infection. The usual pulmonary tuberculosis causing an expectoration of germ-laden sputum is the chief vehicle by which the bacilli are discharged.

Faeces in intestinal tuberculosis, and the urine in Genito-urinary tuberculosis, are not usually deposited where they can contaminate the air, or vessels used for culinary purposes. The skin rarely is guilty of discharge of the bacilli under conditions favorable for communication. The bacilli discharged in open air and sunlight are usually soon dead, and cease to be a menace. They are not present in a living condition usually, in street dust. In dust from room furnishings they are pregnant for mischief if infection is present. Bacilli have been frequently found in the nose of healthy individuals. Exposed air from tubercular patients seldom contain bacilli. As well is this true of saliva. Articles placed in the mouth, or food, may become contaminated and infection take place in the upper air passages or the alimentary canal. Milk from infected cows, where the udder is involved, may carry infection as well as may become contaminated by handling the milk receptacles. Bacilli are found, as a rule, only in places in which consumptives live, and only when they permit their expectoration to evaporate and dry. The exposure and infection is, therefore, less general than supposed. Infection is occasionally brought about when one individual directly coughs upon another. In proportion to the amount of time which the consumptive passes away from his accustomed haunts, is the danger to those immediately associated with him diminished. The germ contact of air of rooms used is less in direct proportion to the amount of dust stirred up. Sweeping a room occupied by a tuberculous patient, is an invitation for the unwelcome guest to take lodgment in a new host, the industrious housewife. Bed-making, also, unless clothing is exposed daily to hours of sunlight on every side. Open windows and mops should be our refuge. Mucous containing bacilli is somewhat hygroscopic, and not very readily dried sufficient for reaching the deeper recesses of the lungs by inhalation. Accepted notions concerning infection from kissing are exaggerated, for the saliva seldom contains germs. Infection occurs through dwelling together, working together, overcrowding, nursing, and the close nature of marital and family relations especially. The density of population, hygienic condition of factories, and sleeping apartments, the amount of sunlight, and humidity and the home sanitary equipment are the all-powerful agents in determining the relative possibility of communicating the disease.

Bovine tuberculosis may be transmitted to man through infection of milk or meat which has been in contact with tubercular lesions in handling. Flies offer a source of danger in the transmission of tuberculosis. They practically always contain tuberculosis in their intestines after they have lighted on tuberculous sputum, and undoubtedly

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carry the infection very widely, and in a very general way. Swine may be infected as well as beef. Cows can disseminate the disease by coughing. Coins and books may be the means by which infection is carried. All the animal world around us become infected with the disease, some much more readily than others, but any may be the means of transmitting the contagious virus. Goats have been successfully inoculated. Equine tuberculosis may occur, dogs and cats frequently are affected. Avian tuberculosis and its relation to man is as yet an open and mooted question. Hens are certainly not refractory to human tuberculosis. Rabbits and guinea-pigs may be inoculated with bird tuberculosis, but it has a tendency to remain a local infection. The bacillus of avian tuberculosis retains its pathogenetic properties for two years. Of nine eggs coming from two tubercular canary birds, two contained tuberculosis. While it is possible that the bacillus of avian tuberculosis has through differences of soil, lost the property of producing tuberculosis in mammals, yet it is possible that this property can be restored under certain, as yet unknown, conditions.

Bovine tuberculosis has been transmitted through milk from infected udders, to chickens and pigs fed on the infected milk, chickens have become infected from eating sputum of persons suffering from tuberculosis. Inoculation of chickens with human tuberculosis sometimes succeeds, and when it does, reinoculation is also successful. When a slight lesion is produced in guinea-pigs by inoculation of avian tuberculosis material, the transmission from one to the other results in the typical spreading disease which is observed after the inoculation of human tuberculosis. This, perhaps, is more evident in rabbits than guinea-pigs. Fortunately, then, the bacilli of tuberculosis grow only in the bodies of animals affected by the disease. Outside the body it can be speedily cultivated, but it does not occur naturally in any particular soil or medium.

Speaking generally, ingestion tuberculosis is a disease of the abdominal organs, and inhalation tuberculosis a disease of the respiratory organs. Tuberculosis is not a disease in which the infective agent, the tuberculosis bacillus, is so widely distributed that no precautionary measures are available against its spread and invasion. The bacillus is not a saprophyte. It exists only in tuberculous lesions, and in the products of their degeneration. Phthisis is essentially contagious in that, without the bacillus there could be no phthisis, and that the bacillus in each case is acquired from a previously phthisical patient or subject in the human or animal world. The children of phthisical patients contract the disease earlier, because they are exposed to the infection at home. The family, house, and its surroundings are, therefore, much more dangerous than the pedigree.

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URTICARIA

By J. C. ELLIOTT KING, M. D.
Portland, Oregon

Read before the Oregon State Medical Society, 1907

Marshall has said that certain dermatologists have a tendency to become too exclusive, and to lose all sense of proportion in their study of the skin. Skin diseases should be regarded, not as a thing apart, but as one element in a complex method. There is probably no other disease which illustrates so fully the direct physiological relations of the skin to internal disorders, as Urticaria.

This disease has so many causes and is so intimately associated with other functional disturbances of the organism, that to satisfactorily treat it one must have a broad and comprehensive knowledge of general medicine. He must also be a diagnostician of no mean skill. If any of you are laboring under a mistaken notion that Urticaria or nettle-rash is a simple and uncomplicated disorder of the skin, I trust you may be led to banish the delusion.

Urticaria may be defined as a disease of the skin which manifests itself in the production of wheals. These are fingernail size, or larger elevations of a white or pinkish color, usually surrounded by a reddish zone. They are round or irregular in shape, and are characterized by intense itching and burning, and by a sudden appearance and evanescence.

There are many varieties of this efflorescence, to which names have been applied to designate their different configuration, as Urticaria Annularis when there is an involution in the center while the wheal spreads peripherally, thus forming a ring, or Urticaria Gyrata, as when several of these rings become united.

The manifestations of Urticaria may not always be limited to the wheal, however. Vesicles may form by an accumulation of serum in the epidermis, and even large blebs may develop upon the wheal. Sometimes only papules are found. Again, there may be an area as large as a dollar, or even a hen's egg, which will suddenly appear, exhibit all the characteristics of the ordinary Urticarial wheal, and as quickly disappear. Closely allied to such an efflorescence is the condition known as "Quincke's Oedema" or "Angio-Neurotic Oedema," which usually affects the face, lips and hands and is often attended with gastric or intestinal symptoms which cause diarrhoea or colic.

Urticaria may manifest itself upon the mucous membranes of the mouth uvula, or epiglottis, in which latter case there may be danger of suffocation. An acute attack of Urticaria is often associated with

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a slight rise of temperature, malaise, and dull, aching pains. As a rule, it is an acute disease lasting only a few days at the most, but it may, under certain circumstances, become chronic, and continue for weeks, months or even years.

Urticaria Pigmentosa begins with the first year of life and the irritation continues so that in a few months there is a deposit of pigment where the lesions have occurred, which is permanent. The Prurigo of Hebra begins also in childhood, as an Urticaria, and continues perhaps for a year or more before the characteristic papules of the disease become manifest. The general symptoms in chronic Urticaria may be very severe. Such constant irritation causes restless and wakeful nights, and consequent emaciation and mal-nutrition. In fact, it may become a very serious affection.

The Histopathology of Urticaria is not very clear. It is undecided whether oedema is caused by a spastic contraction of the veins and a consequent exudation, or whether the toxines present, or some reflex excitation may cause at the same time an inflammatory change in the walls of the vessels, sufficient to permit the exudation of serous fluid. Of course, when vesicles or blebs form, the histological changes are essentially the same as produced by any other disease. There is chiefly oedema and consequently there is found a dilation of the capillaries. The interstitial tissue spaces and lymph spaces are dilated. Lymphoid cells and wandering cells are found, and in Urticaria Pigmentosa mast-cells are numerous.

There are two main causes of Urticaria which may be classified under Idiopathic and Symptomatic causes. Idiopathic Urticaria is due to some external irritant. The disease gets its name from the nettle which will produce it. The wheal when thus produced gives rise as usual to intense itching at the point of contact, the part is then scratched or rubbed violently, which has the effect of causing a reflex itching elsewhere on the body, usually in the neighborhood of the first lesion. Mosquitos, caterpillars, bedbugs, lice, fleas, all act as exciting causes for Urticaria. It should be remembered also in this connection that it is not necessary that the flea, for example, should have bitten every place where an Urticarial lesion appears. In children especially, simply the crawling of an insect across the skin will give rise to the eruption, and when once started, the reflex irritation from rubbing and itching may cause a universal outbreak of hives.

Urticaria Factitia may be produced in susceptible persons by friction of the clothing or pressure from bands or corsets, and give rise to such annoying symptoms that work is interfered with. Cold also may produce an oedema of the hands or face, Urticarial in chraacter.

Symptomatic Urticaria is a reflex symptom due to a disease either functional or organic, of some other part of the body, or an accompanying symptom of some other skin disease. The most frequent of all causes of Urticaria is some disturbance reflected to the skin from the alimentary tract, or produced by some disorder of digestion. When food is eaten and not digested it decomposes, it rots; the moisture and warmth in the intestinal canal serve as a suitable incubator, and the food as an excellent culture medium in which bacteria may thrive.

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The decomposition of a mixed meal develops certain volatile poisonous substances, which are rapidly absorbed and produce a condition of auto-intoxication. Now, these poisonous substances must be eliminated. Sometimes there is enough local irritation produced by them to cause a sudden profuse evacuation of the bowels, and the deleterious matter may be carried off in this way. But often the poisonous materials must be eliminated by the skin and kidneys. The sudden absorption into the blood stream of the products of intestinal decomposition throws a great work upon the skin. The result is much irritation of the nerve endings by the substances brought to the surfaces of the body for elimination. There is quickly produced the subjective symptoms of itching and burning and the victim by scratching soon brings out the typical lesions of Urticaria.

It is not necessary, however, that articles of food should pass into the intestinal canal and decompose in order to produce Urticaria. In certain susceptible individuals it is not even necessary that the food should be swallowed. Its simple contact with the mucous membrane of the mouth will reflexly, through the gustatory nerve, produce a crop of hives. Some of the substances which will produce the disease in predisposed persons are strawberries, fish, cheese, pork, raspberries, oatmeal, etc. Here belongs also Medicamentous Urticaria. It is well known that many drugs give rise to skin eruptions. Some of these are antipyrin, quinine, belladonna, arsenic in any form, chloral, the bromides, the iodines, copaiba, and the hypodermic use of anti-toxin. The eruptions from this cause differ a good deal. They may be scarlatina form, erythmatous, papular, macular, vesicular or Urticarial. They are accompanied by more or less itching or burning. Illustrating the close association of Urticaria with other lesions as well as the matter of idiosyncrasy of the individual, is a case reported by J. R. Clemmens in the New York Medical Journal January 6, 1904. A child of three months had three violent and alarming attacks of Urticaria following the ingestion of white of egg in some form, later on eating of gingerbread made with white of egg, the feet and ankles were found swollen with purpuric spots, petechias and ecchymoses extending as high as the middle of the leg.

Little, in the British Medical Journal of July, 1901, records a case of bullous eruption in an infant of 11 days. The bullas were upon erythematous skin, and elsewhere there were small Urticarial papules. I desire to record a case, also, illustrating the same tendency of Urticaria to appear associated with other lesions. On December 7, 1906, Dr. George F. Wilson referred to me a man of sixty. The patient is tall, rather spare, grey haired, but does not look older than he is. He has no heart or lung lesions, is constipated. He is engaged in the real estate business. For several months he has had an efflorescence on his hands, wrists and ankles, which is a typical chronic Erythema Multiform Exudativum. Lately he has taken salicylates and iodide of potash. After beginning the medication there appeared a profuse purpuric rash on the legs reaching as high as the knees. No subjective symptoms were occasioned by this, but there was a good deal of itching of the body and neck. These regions now exhibit a most typical

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efflorescence of Urticarial lesions in several forms, the annular and gyrate prevailing. The skin on the body presents a condition of dermographism. This case shows remarkably well the association of Urticaria with other skin eruptions, and the possibility of its production by medicaments.

Urticaria Factitia is a term applied to those cases in which a wheal may be produced by scratching the surface with a blunt instrument or fingernail, or by other traumatism. The term Dermographism is also applied to the same condition. It has been termed a latent Urticarial reaction. Those subject to it usually do not have the ordinary Urticaria. This traumatic Urticaria does not appear spontaneously. Dujardin-Beaumet described this condition under the name of Femme Autographique, thinking that it was characteristic of hysterical women, but the fact is, it is seen in all sorts of individuals. It may be durable, lasting for years, or may be acute and transitory, and in some persons it is a perpetual condition of the skin. I have a patient at present under treatment for Acne Rosacea, a woman of about 40, who has had this condition of the skin as long as she can remember.

Dermographism may be of grave import as in a case reported by Fabry in the archives of Dermat. u. syph. bd. 54 H 1. This was a woman of 60 who exhibited chronic Urticaria Factitia Hemorrhagia. The lesions began as a purpura on the upper eyelids, with itching of the breast and neck. Hemorrhagic wheals followed scratching. Pressure of the clothing was sufficient to produce these Hemorraghic wheals which lasted three or four weeks. Two years after the disease began there occurred an enormous swelling of the tongue, which never disappeared. The patient lived a year after this took place, and died from asthenia.

Urticaria may be produced reflexly by menstrual disturbances, uterine, tubal or ovarian disease. Hebra, in 1855, reported a case in which Urticaria was produced in a woman with a flexion of the uterus by introducing a uterine sound. That this was not a coincidence was proven by producing the Urticaria 15 times on different occasions in the same way. Scanozoni confirmed Hebra's declaration that Urticaria is often connected with disorders of the organs of generation in the female. Schramm, in the Berliner Klin. Wochen. Schr. 1877, reports Urticaria as occurring after the application of leeches to the cervix uteri. Goutry (De l'Infl. De La Menstr. Sur les affection cutane, Paris, 1899), relates a case of a woman of 35 whose regular but scanty menstruation was preceded eight days by Urticaria, which ceased when the flow began.

Vaccination may produce Urticaria. This appears from four to eight days after inoculation and disappears in two or three days. Jenner noticed this phenomenon.

Malaria may act as a cause of Urticaria, in which case it will be periodic and can be controlled by quinine.

Urticaria has been observed as a result of mental emotions such as fright, anger, etc. Charcot and others have reported Urticaria resulting from lesions of the spinal cord and brain. Asthma, though perhaps not a cause of Urticaria, yet holds an important relationship

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to it. More than 7 per cent of all Urticarial patients have asthma. It is possible that in some cases the same sort of eruption, wheals and oedematous papules, occur on the mucous membrane of the bronchioles. Andrew Clark of London was the first to suggest this relationship, I believe. He related a case where the Urticaria and asthma alternated in such a manner as to almost demonstrate a connection between these affections. In this case whenever the eruption was out the asthma disappeared.

Diabetes, as is well known, often gives rise to intense pruritus and occasionally to distinct Urticaria. The urine, therefore, should be examined in cases where the cause of the disease is obscure. The urine in non-diabetic subjects who have Urticaria is often found with a low acidity and high specific gravity. Next to the kidneys, the skin is the most important organ in the elimination of water. In fact, it often throws off more than the kidneys. Here opens a field for research of great interest, which it is impossible for us to enter in this connection, viz: the relation of the excretion of the skin and the kidneys to each other. Urticaria is not infrequent as a result of impaired renal function, as in Bright's disease. Indican in the urine is of diagnostic value. It may indicate intestinal fermentation which will cause Urticaria as well as other skin lesions, such as eczema.

Exophthalmic goitre occasionally acts as a cause of Urticaria. This is doubtless a reflex through the sympathetic nerves.

Purpura Rheumatica (Schonlein's Disease) is often characterized, according to Osler, by a combination of wheals and purpura-*Purpura Urticans,* which is quite distinctive.

The rash of Urticaria may be a prodromal symptom of smallpox, and a late manifestation of diphtheria.

Urticaria may be produced by Hodgkin's disease (pseudoleukemia). I will here report a case which I had under observation from the 16th day of April, 1906, to the time of his death last Autumn. The case was referred to me by Dr. Gullette. Mr. W. H. F., aged 48, married, is a machinist, of sallow complexion, and very thin. He was in fairly good health until about a year ago, when his present trouble began. For a year he had a violent itching of his entire body, including his face and head. There are many old marks, scars, and pigment spots where lesions have healed. The lymphatics of the groin and thigh are greatly enlarged as in the Prurigo of Hebra. The lower extremities have suffered most. The patient was found to be constipated, was given a saline laxative every morning, and three grains of salol five times daily. He obtained a temporary relief by carbolic acid and glycerin lotions, but there was no cessation of the disease. The lymphatics in the axillae and arm became enlarged and his voice at times was very husky, and he experienced some difficulty in speaking above a whisper. A diagnosis of Hodgkin's disease was made, and he was sent back to Dr. Gullette for X-ray treatment of the enlarged lymphatics in the groin. This was kept up for some months, with only slight benefit. In the meantime the Urticaria remained as bad as ever and the man's condition was truly pitiable. Giant Urticarial wheals often appeared suddenly, especially on the wrists, hands and forearm,

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forehead and neck. These were frequently as large as a hen's egg, and sometimes the whole back of the hand would be oedematous. In a few hours they would disappear and again reappear in some other part of the body. In the meantime the lesions have been so scratched that they are frequently infected and give rise to numerous pustules and sometimes to deep phlegmanous inflamation. (The prognosis, of course, is grave.)*

The diagnosis of an Urticarial eruption is not difficult. The sudden development and subsidence of the lesion, the intense itching, and the raised oedematous rash all serve to characterize the affection. However, when associated with erythema or purpuric eruption, it may be overlooked.

Urticaria in children deserves separate mention. In these little folks it is often supposed to be caused by errors in digestion, since often nothing else can be found to take the blame. This has frequently led to suppression of various articles of food to such an extent that the patient has suffered from malnutrition. Milk diet is not a panacea in all these cases, for often it is not well borne. Some intestines will not take care of it, and toxic products of decomposition are formed from the albuminous and fatty substances. I am inclined to the opinion that very many cases in children are due to external irritants on their delicate skin as mosquitos, fleas, bed bugs, etc.

From the many etiological factors in the production of Urticaria it becomes evident that the treatment must depend to a very great degree upon the cause. Something may be done to allay the itching and irritation by local applications of anti-pruritics, but in cases of chronic Urticaria, unless the cause can be discovered and removed, the case is hopeless.

It will be seen that so many different conditions and diseases enter into the causation of Urticaria that I doubt if there is any other skin disease which so tests the diagnostic acumen of the physician as this.

In ordinary Urticaria ab Ingestis the treatment consists of a brisk saline laxative, and it is sometimes advisable to introduce the stomach tube and wash out the stomach thoroughly.

Tepid baths are very useful in allaying the irritation of the skin. Atropin is recommended highly by some authorities, and in chronic cases, iron, phosphorus and quinine have been advised.

Thyroid extract has been recommended by J. N. Roussel, of London, who discovered accidentally that it would cure chronic Urticaria in giving it to a patient for another disease. Six cases were recorded as cured in this way in the British Journal Dermatology, July, 1901.

In conclusion, I thank you for your attention, and will only add that if I have succeeded in establishing the fact that so small a thing as Urticaria may indeed become great, and that it is worthy of the most careful and painstaking study, then my effort shall not have been in vain.

*This patient has since died of Hodgkin's Disease.

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WORK, WORRY AND DISPOSITION

By R. L. GILLESPIE, M. D.
Portland, Oregon

Read before the Idaho State Medical Society, October, 1907

The world presents itself before us in a twofold aspect of health and disease—the sound and the unsound, both of body and mind. We are living, moving and acting in the midst of this twofold world, which imparts to the scene around us both its grandeur and defects. The moving panorama appears in varied lights and shades to different eyes; each individual views it from his own standpoint and through his own particular medium; but the psychologist sees it in its double aspect—the healthy and the diseased; the sane and the insane, and discerns in these two aspects the constituent elements of our daily existence.

We are living in an age of strain and anxiety, subjecting ourselves to exhaustive physical work, excessive emotional strain and prolonged anxiety, with excesses which are more or less potent causes of disease.

The restless pursuit of wealth and social position, the anxiety and hurry, the emotional strain and intellectual overwork, the unhygienic modes of living, excesses in excitement and excitants together with disease tend to fix on modern civilization an unfortunate mental state, that is near the border line. It is but a step over from worry to that condition where a man is bereft of reason, Nature's light and guide, where he is degraded below his species and is reduced to the level of the beast which perisheth.

Our end and aim in this life should be happiness, and to worry is to miss the purpose of our being. It is a blunder, and one that is universal and a characteristic of the times. Worry begets fear, and these two condemn the many to futility; to real or imaginary disease; to premature death, to everything that is the negation of abundant life. Worry is not only a disease itself, it is the predisposing cause of many bodily diseases, as also of many mental disorders of far greater gravity than its own. The variations of its influence are very small, depending largely upon differences of what we vaguely call temperament. In one it may only prevent the full enjoyment of his work and play; in another it interferes with the quality of his work; in another it interferes with the sum total of a man's output; and in yet another it interferes with his domestic happiness or his sociability, making him an irritable husband and father and an unloved guest.

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The importance of worry is very great, not so much in the melancholic, or in persons having vast responsibilities, but as a common, constant, commonplace fact influencing body and mind in greater or less degree, throughout the lives of the ordinary people with ordinary affairs, who constitute the overwhelming bulk of humanity. It is a disease peculiar to man, particularly civilized man. Its consequences are sleeplessness, alcoholism, drug addiction, hysteria, insanity and suicide. Take what is termed our borderland cases, which exhibit neither sanity nor insanity as these terms are commonly understood, but which furnish living instances of the absurd fallacy which leads us to imagine that men can be classified like cheese into this brand and that. Between complete sanity and complete insanity there are all conceivable stages, and of all such stages many instances everywhere. You know it is said that everyone is more or less insane. However, we have no standard and no definition. Stephenson says that every man has an insane spot somewhere, which I presume is correct.

Worry often acts directly. Some will try to drown their care in drink, or stifle it with morphine, or transmute it with cocaine—these are false friends, and none know it better than the victims. This again is a cause of worry, this foolish means of relieving it. There is a tendency in our age to self-drugging, and this is on the increase—not only among men, but women, the mothers of the future race.

The consequences of worry in relation to ordinary physical disease are familiar to all of us. It is the repeated lesson of experience that, other things being equal, infectious disease tends to seize upon those who fear it, and to pass over those who fear it not and who take no thought of self at all.

The relation of religion and worry are most singular and striking. True religion and the truths perceived by present and past religions are cures of worry and its consequences. On the other hand, many religions have been causes of worry, laying stress upon the selfishness of sin and the doctrine of future punishment, thereby increasing the fear of death. The graver aspects of the influence of worry upon human conduct will be realized if we consider the fashion in which worry causes us to meet the every-day difficulties of life. When the mind is at peace with itself and circumstances, the ordinary calls of life upon our patience, our forbearance, our perseverance and our power of overcoming difficulties are adequately met. We do not lose our sleep, nor fly to alcohol or drugs; and a difficulty may even act as a not unwelcome stimulus, fit to make us realize the best of which we are capable. But contrast the fashion in which the victim of worry meets life's demands. Even the slightest of them suffice to make him irritable. Now irritability is a powerful influence for evil in too many lives, and its chief cause is worry. Many a man becomes irritable in consequence of various kinds of physical disease, or as a result of insomnia; this I do not forget; but it is pre-eminently the worried man that is the irritable man.

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The man of business returns home, but brings his business worries with him. When he is not worried he is a considerate and affectionate hsuband and father; his wife's requests, the children's noise at play do not disturb his equanimity. It is his pleasure to serve and see the children enjoy themselves, but if he is worried how different is the effect upon him. He is hypersensitive, the strain to which his nervous system has been subjected makes him so. He has the irritability of weakness; noises are louder than they would otherwise appear. The wise wife will notice that something is wrong, and govern herself accordingly, remembering that it takes two to make a quarrel. If his worry is a daily and persistent force, the condition is only aggravated, everybody suffers and he more particularly. The burden is hard for all, a latent irritation is aroused, of which worry is the cause, and happiness leaves the home. It acts like cumulative poisons, and often forms the link in the chain of causation which leads to estrangement of parents and children, or between themselves, leading to separation and divorce. We must all learn to philosophize—life is not for work, but work is for life, while life itself is for happiness, and we should all recognize that the means of happiness are not worth purchasing at the cost of happiness.

I do not in this forget the woman. A woman has most or all of a man's causes for worry, but these do not need special consideration with reference to her. She has, in addition, a kind of worry which he has not. A woman's work is never done. Domestic worry both makes a woman older and makes her look older—and a woman who worries begins to wear a worried look that persists. Women worry about their appearance. This is not new, for thirty-five centuries ago they wore corsets and used cosmetics just the same as they do today. This was made manifest when Dr. Evans unearthed in Crete the palace of King Minos. Women should know that the determining factor of beauty, which age cannot wither, nor custom stale, is the factor of the mind. There is no cosmetic known, nor will any such be revealed by the chemistry of the future, that can compare for a moment with a merry heart, a lucid mind and a loving soul. I might enlarge about the worry of women in so far as the family is concerned, and also the propagation of the race, but the subject would be too large.

All worry is not morbid. A judicious worry under some circumstances is normal, natural and right, and we should distinguish between normal and morbid worry. Healthy brain activity is essential to life, and justifies the aphorism that it is not work but worry that kills. The enviable man whom nothing worries, is the kind, considerate and patient man whom we occasionally meet in this busy world. The ill-tempered, irritable and pessimistic individual with deranged digestion and a bad liver, is the man with an unbalanced nervous system, who has simply disregarded the natural law of waste and repair. Worry, grief, passion and fretting are powerful nervous shocks; the emotional states arrest the function of digestion and impair the bodily functions. Self-control is a powerful palladium against worry. Everyone can master a grief but he who has it; but we are all com-

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petent to construct for ourselves a philosophy of complacency, and it need not resolve itself into indolence and apathy, nor need it assume the aspects of stoicism.

The cultivation of some belief which inoculates the doctrines of contentment should be encouraged. It may be a difficult matter to control the emotions, but mastery can be attained by training. We are living in a fast age and should conserve our strength.

Hurry—worry—thus we go,
Toiling, moiling—blow for blow,
Raging—aging—speeding fast,
Sinning—winning—at the last.
Rapid—vapid—pace we set,
Tainted—painted—games we get,
Sighing—dying—maybe fame,
Dust to dust—so ends the game.

Sterilized Milk for Infants.

Observations for over five years on about 25,000 infants have convinced E. M. Sill (N. Y. Med. Jour. Feb. 8, 1908) that the advantages of the raw milk, when properly used, far outweigh any advantages which highly heated milk may possess. If milk is heated it should never be raised above a temperature of 140 degrees F. for twenty to thirty minutes, as the experiments of Russell and of Freeman show that this is sufficient to destroy the bacilli of tuberculosis, diphtheria and typhoid fever. Of the author's infants that were fed on sterilized or pasteurized milk continuously, or part of the time on one and part of the time on the other, 97 per cent developed scurvy or rickets or a combination of the two. These infants had been fed for a varying period of from three to eighteen months on the heated milk; pasteurized milk was given during nine months of the year and sterilized milk during the three summer months. This milk was all carefully modified to suit the age and digestion of each individual infant. About 20 per cent of the infants had five feedings a day supplemented by breast feedings. These also had signs and symptoms of rickets, but in a degree less than those who were fed exclusively on pasteurized or sterilized milk. No infants fed on modified raw milk developed rickets or scurvy or any other disease due to improper feeding, such as anemia, malnutrition, marasmus, etc. In these cases of malnutrition raw milk was substituted with no other treatment, whereupon the children immediately began to improve. Infants which were in good health when fed ray milk, were attacked with symptoms of rickets when sterilized or pasteurized milk was given. An apparent exception to the results of the use of raw milk is the development of rickets in infants who have been fed for too prolonged a period on poor quality breast milk or poor quality and much diluted cow's milk, this having a deficiency of proteids and salts. In these cases immediate improvement and normal growth follows use of a milk of sufficient strength.

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THE TREATMENT OF CHRONIC EMPYEMA

By WILLIAM JONES, M. D.

Read before the Portland City and County Medical Society, February 5, 1908

By "Chronic Empyema," I mean for purposes of this paper, an empyema that has existed for such a length of time that it does not yield to treatment by thorough drainage, and that is not tuberculous. This period of time is not a fixed and invariable one, but varies with the circumstances of the individual case, with the robustness and age of the patient, the virulence of the infection and the amount of compression of the lung.

In the young person, the rigidity of the thoracic wall being less than one of mature age, it would more readily yield to meet the compressed lung. If the pus cavity was small it might exist for a very long time, and still yield to drainage, on account of the very moderate yielding necessary to obliterate the cavity.

If, however, the amount of pus be great, the compression of the lung extreme, and the virulence of the infection high, then the case would become chronic in a minimum time. The cavity to be obliterated would be great, the adhesions would be rapidly organized and the case would become chronic in a few months.

In these cases the problem is to obliterate the pus cavity and to obtain adhesions of the apposed walls to each other. This, of course, is the problem in any abscess cavity.

The great difficulty in chronic empyema has been to bring the walls of the suppurating cavity in contact with each other. This difficulty is due to rigidity of the chest wall on one side, and the firm adhesions of the collapsed lung to its surroundings, which prevent its expansion on the other side.

The operation for this condition that has almost completely occupied the field is that of Erstlander, or some modification of it.

The principle of this operation is to render pliable and yielding the chest wall, and is accomplished by removal of sufficient of the ribs to attain this end. The parietal pleura comes in contact with the lung in its collapsed position, healing of the apposed surfaces takes place and the pus cavity is obliterated.

The results from this operation are very far from being ideal. The deformity is great, the lung remains permanently collapsed, and functionless to the extent that it is collapsed. It has, however, been of much value in the absence of a better method. It has accomplished the healing of these cavities, and stopped what would otherwise been a continued suppurative process, with all of the dangers

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and inconveniences which attend that condition, but without restoring the function of the lung.

There is another operation for chronic empyema, which bears the name of De Lorme. It seeks to solve the problem of the obliteration of the suppurating cavity, by making it possible for the collapsed lung to expand and meet the chest wall, thus restoring its function and obviating deformity. Free access to the cavity is gained by raising a trap door, consisting of the whole thickness of the chest wall, and also sufficiently large to permit the steps of the operation to be conducted under the eye. The thickened pleura is then dissected off the lung, releasing it and permitting it to expand. Some successes have been reported by this method. It, however, has not made much progress in popularity. It is a formidable undertaking, and the fear of hemorrhage and its inherent severity have kept it back.

It has within it, however, the element from which can be developed the proper operative procedure for this condition, i. e., "the principle of releasing the lung," so that it may expand is the one that should be worked upon, and the best way of accomplishing this will be the best method of treatment.

In May, 1904, there was referred to me a young man who, three months before, had received a penetrating stab wound in the right side of the chest. He was extremely weak and greatly emaciated. The right side of the chest was enormously distended with pus and the lung was collapsed into a small space above.

His condition was so poor that I made a simple incision under local anaesthesia and inserted a drainage tube. After twelve days, his general condition having greatly improved, a general anaesthetic was given, a portion of the sixth rib in the posterior axillary line excised and permanent drainage provided. His general condition continued to improve, but the lung failed to expand, except to a very slight degree, though the drainage had been good during the whole time. After waiting three months, the breath sounds could be heard over the front of the chest only as low as the third rib. It became apparent that drainage alone would not success in his case, and wishing to obtain a better result than could be obtained by Erstlander's operation, and wanting to avoid the severity of De Lome's, I decided to modify the latter so as to make it much more simple and considerably less severe.

It occurred to me that if the adhesions between the lung and its surroundings could be broken up, that the stripping off of the thickened pleura from the lung, the decortication, would be unnecessary and superfluous, and that this procedure could be carried out without making an extensive trap door opening into the chest. It was decided to make this attempt.

Under ether anaesthesia, an exploration through the drainage opening was made. The lung could not be felt from this point with the finger; with the probe it was found to be located well in the upper part of the chest.

A portion of the fourth rib in front was excised. Through this

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opening the margins of the adherent lung could be reached and it was found to have collapsed into the upper portion of the chest. Partly with the finger and partly with a blunt dissector the adherent margins of the lung were detached all around, then this separation was carried over the whole of the adherent surface of the lung in much the same manner that peritoneal adhesions are broken down. As the separation progressed the lung expanded, and at the end it nearly filled the chest cavity. Drainage was continued. Healing was rapid, and within two weeks was complete. I saw this patient a few months ago. There was no deformity and the function of the lung was restored.

I have had one other case, a male aet. 56 years, a resident of a remote part of the interior of Oregon. In February, 1907, he came to me with the following history: Four months previously he had been taken sick with an acute affection of the chest. A few days before coming under my observation he had commenced to cough up large quantities of offensive pus and this had continued.

On February 18th I operated by excising a portion of the seventh rib in the posterior axillary line, evacuated a large amount of offensive pus, found also a large amount of solid exudate, which was removed with sponge holding forceps. The chest wall and the surface of the lung was to a great extent coated with a thick layer of the same exudate. This was detached by rubbing with dry sterile gauze. A large drainage tube was inserted. Patient's general condition improved, though the lung showed but slight expansion.

On March 13th excised portion of rib behind the angle of the scapula and another in axilla. Through these openings the lung was detached around its whole periphery. There was immediate expansion, so that the cavity was almost completely filled. Drainage was provided, on March 16th breath sounds could be heard over the whole of the right chest. On March 30th he left for home, having a short drainage tube at the original opening. Later there was some failure of drainage and he commenced to have symptoms of sepsis. In September he returned. There was still an opening in the chest, through which an imperfect drainage was kept up. On September 7th I enlarged this opening and found a pus cavity with a capacity of about one-half pint. This cavity could be fully explored through this opening. The lung was again detached, drainage provided for and in a month healing was complete.

In the Annals of Surgery for March, 1907, there is an article which is entitled, "The Surgical Treatment of Empyaema," by Samuel Lloyd of New York. In this article he reported a series of cases operated upon in the same way as I have described, and with most gratifying results when compared with other methods.

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INTESTINAL CALCULI; WITH REPORT OF CASE

By JOHN BOECK, M. D.
Boise, Idaho

Read before the Idaho State Medical Society, October, 1907

Enteroliths in man are certainly not of common occurrence. If small, they may pass unnoticed, but if large will cause symptoms which will compel the sufferer to seek medical aid. It has been my fortune to meet with a case of a large enterolith, and as I am able to show the specimen, thought it might be of interest to the profession to report the case at this meeting.

Before going into details of the case, I will, in a few words, touch upon calculi in general. They may be either organic or inorganic substances, or both. At times foreign matter acts as a nucleus in the formation of same. Calcium salts (carbonate or phosphate) form the main constituents of calculi. Among the varieties of concretions the common gall stones are without doubt the most encounterd calculi. Calcification of the blood vessels, amyloid concretions of brain and nerve tissues, calcification of tubercular areas of uterine fibroids, of ovarian cyst, cardiac calculi, cutaneous concretions, tophi in gout (uric acid, calcium, etc.), calculi of kidneys and bladder, etc., are more or less encountered.

Intestinal calculi or enteroliths are more frequently seen in herbivorous animals than in man, this nucleus being felted hair, from licking themselves or other animals. Undigested food may form the nucleus. Ammonium, magnesium and calcium phosphate or carbonate forms the bulk of these calculi, but they may in addition contain calcium and magnesium soaps and albuminous matter. Bezoars are intestinal concretions found in Oriental countries in antelop dorias and capra agarus. They are usually spherical or oval, and often as large as walnuts, have a dark olive green color due to biliverdin, with a smooth, shiny surface, and contain lithofellic acid, or are of a brownish black color containing mostly ellagic acid.

The case I desire to report is of a lady, 33 years of age, 5 feet 5½ inches tall, weight 175 to 185, apparently a picture of health. Through childhood and girlhood she was robust and healthy, always had a good appetite.

From time to time would have a bilious attack, which yielded readily to treatment. Never experienced any pain in right hypochondriac region; no paroxysm as in gall stones at any time. Was married at the age of 17 past, became pregnant in about one year and three months. With the usual symptoms of pregnancy came a craving for clay, a feeling that she could not control. Would seem

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especially desirable to her after a rain. The fresh odor after a shower would compel her to seek the desired article, and she would walk for blocks upon the hillside to obtain it pure. If this abnormal appetite has anything to do with the formation of the calculi, giving the nucleus, is not for me to say. After termination of pregnancy the craving for clay ceased immediately, but made its appearance again about six years later, during a second pregnancy. Appetite always good, bilious attacks as in child and girlhood yielding to treatment as before. In the last two years bilious attacks were accompanied by vomiting of bile, which was hard to check. A reversed peristalsis, lasting from three to four days, allowing no food, medicine, not even a drop of water to enter the stomach, set in. No pain, except from the strain of vomiting, in the epigastric region and the irritation of the mucous membranes of aesophagus and pharynx caused by the bile and gastric juice. Patient, while having no pain, would complain of a weight-like feeling in right lumbar region. During these attacks the bowels were inactive. Vomiting would cease suddenly as it made its appearance and in two or three days the former appetite was restored. Between these attacks the appetite would become abnormal, patient had a feeling of starvation, and was compelled to eat between meals, often would overeat, causing her to vomit in about ten minutes after eating. This vomiting was easy, without strain, small portions of food would be raised every few minutes until relieved. During the latter part of December, 1906, patient had the worst attack ever experienced. Having gone through a severe strain of labor and worry for eight weeks of nursing her sick husband probably had something to do with its severity. All remedies including enemas seemed to be of no avail this time. A fever developed, ranging from 101 to 103 degrees, patient became slightly jaundiced, the irritation of aesophagus and pharynx and the pain in epigastrium was almost unbearable, due to the strain of constant vomiting. Morphia and cocaine hypodermically administered would give the only temporary relief. No flatulence, as gas was expelled in its normal way. After four days and four nights the vomiting ceased suddenly, as in the previous light attacks, patient at once would retain a little wine, sherbert; next broth; the fever disappeared and in four days she was able to leave the bed.

I feel confident that the missing calculus of a chain of three passed after this attack. While patient in the course of ten days, returned to her normal health, she still complained of the weight-like feeling in right lumbar region. Except for a little rheumatism from time to time, patient remained in normal health until July 13th, 1907. The second severe attack set in with all the symptoms as before, except no fever. July 17th patient ceased vomiting. A small degree of flatulence was noticed, an enema was ordered, the results were the small calculus was passed. Patient recovered quickly from this attack, but still complained about the weighty feeling. On examination of the stone it was at once apparent that one calculus had passed before and that one still remained. August 26th the next attack set in, preceded

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by a much heavier weight-like feeling than usual in right lumbar region for about a week. Temperature, 100. August 28th flatulence to a marked degree made its appearance with complete obstruction of the bowels. Seeing the necessity of an operation approaching, patient was at once removed to hospital and operated on at 2 P. M. August 28th, with the result of removing the large calculus. It was lodged in the small intestines, about 8 to 10 feet from pylorus. The duodenum and portion of small intestines above the calculus were intensely congested. In a few hours after the operation, flatulence disappeared and after the third day patient was out of danger.

The question arises, where and how were these large calculi retained for months, yes years, without being carried along by the passing food? I have formed an opinion, and will take the liberty to state it, which I hope will be discussed by some of the profession present. The duodenum near the lumen of the bile duct was the resting place for these reasons: the calculi contained in their pores and crevices pure bile which was hard to remove. Some of it still remains. They must have been resting in a place where food had space to pass. They showed a peculiar formation of tissue-like fibres over the dark brown area, making it appear as the place of attachment to the duodenal wall. The peristalsis of the bowels is undoubtedly responsible for the facet-like surfaces, the calculus as a whole being too long, the peristalsis producing the three.

Early Recognition and Treatment of Rachitis.

T. S. Southworth (Jour. Amer. Med. Assn., Jan. 11, 1908), urges the necessity of an earlier recognition of rachitis, calls attention to the dangers with which it menaces the child and to the immediate importance of instituting special dietetic measures, and asks for a further consideration of the special value of phosphorus in cutting short the active and progressive stage of the disease. Except during the hot summer months or during an intercurrent attack of diarrhea he gives cod-liver oil with this. He says that to those whose knowledge of rickets is derived from books or from the advanced cases presented in clinics, more especially by the orthopedic surgeon, the term suggests primarily a large square head, narrow chest, marked rosary, pot belly and bowed legs, enlarged epiphyses, delayed dentition, head sweating, open fontanel and lumbar kyphosis. One must be on the watch for cases which present but few of these classical symptoms and not be misled by the prominence of associated symptoms, such as obstinate constipation, chronic intestinal indigestion, convulsions or bronchitis. Enlargement of the costo-chondral junctions, commonly known as beading of the ribs or the rachitic rosary, is probably the most constant sign of all.

One should not try to force his way into an auditory canal without first making sure that the patient has no disease of the external ear. The examination under such circumstances will only aggravate the condition.—American Journal of Surgery.

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Medical Societies

Portland City and County Medical Society.

The City and County Medical Society held its regular meeting in their new home at the Medical building, April 1st, 1908. The meeting was called to order by the President, Dr. L. H. Hamilton.

The minutes of previous meeting were read and approved.

The members present were: Drs. Amos, Cottel, Dammasch, Equi, Hicks Fenton, Fessler, Goray, Greene, House, Holden, Hubbard, Hosmer, Hamilton, Johnson, N. W. Jones, Marcellus, Florence Manion, Katherine Manion, Marsh, Mackay, Ralph Matson, Parker, Pierce, Plummer, Rand, Rosendorff, A. C. Smith, A. W. Smith, Sternberg, Sheldon, Stearns, Story, Taylor, Tilzer, White, Williamson, Webster. Visitors, Dr. Kiehl.

Reading and Discussion of Papers.

The first paper of the evening was read by Dr. W. T. Williamson, viz: The Forms of Paralysis. The author went into the anatomy of the nervous system, tracing an impulse and its reply over the sensory and motor nerve fibres, and describing minutely the affection of both during paralysis, emphasizing the importance of locating the lesion early in the disease; and recited a case of meningeal hemorrhage, which he stated to the best of his knowledge would have been saved by prompt surgical relief.

The discussion was opened by Dr. Wm. House, in the absence of Dr. O. C. Hollister, who was reported sick.

A general discussion followed, in which Drs. Yenney, Holden, Amos, Goray and White took part. Dr. Williamson closed the discussion.

The second paper of the evening was read by Dr. J. R. Barber, viz: Some Possible Stages of Arteriosclerosis. Moved and seconded that this paper be read by title only, owing to the absence of the author. Carried.

Cases in Practice Related by Members.

Dr. A. Tilzer reported case of an infant eight months old. The mother stated that it was not passing sufficient urine. A very small catheter was used, and about two ounces of milky fluid, which by microscopic examination showed pus present. Dr. A. E. Rockey did a supra pubic operation, securing about a teacup full of pus. Child died soon after, and death was thought to be due to a tubercular kidney.

Dr. L. Buck reported a case operated upon for empyema, with the result that the whole chest and tissues of the body were filled with air, the case becoming now one of pneumothorax.

Dr. R. C. Yenney reported result o fan autopsy upon a case of a young woman of 26 years of age, who died after being sick 48 hours, evidently from criminal abortion. The body was intensely jaundiced, abdominal cavity filled with a blood stained liquid, and the picture was one of violent peritonitis.

Dr. Andrew C. Smith reported a case of a woman now in hospital who had previously been operated upon for pus tubes. The operator got cold feet and took out a healthy appendix, leaving the pus tubes; closed the abdominal cavity imperfectly and caused an enormous umbilical hernia. This operation was done in another city. He also reported a case of mastoiditis in which there was scarcely any temperature present at any time, which shows that either

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the absence or presence of temperature is not a safe guide, as in this case a large amount of pus was located and removed.

Dr. W. B. Holden reported having operated upon a case for gall stones in 1907, none being found. Recurrence of symptoms called for a second operation in March, 1908; this time 23 stones were removed and the duct was found closed.

The secretary introduced Mr. James Cole, ex-Assistant U. S. District Attorney, who was present upon invitation from the society. Mr. Cole went into the law bearing upon the question of medical advertisements, especially those that appear daily in our papers. He offered his services free to this society or to the committee having this matter in charge, and further stated that he thought it could be suppressed, and that he would at a later date take up the matter with the present U. S. District Attorney in co-operation with the above committee, and do his best to get the government to act in the premises.

Dr. W. T. Williamson moved, and was seconded, that the secretary be instructed to notify the committee of the gratuitous service offered by Mr. Cole in the prosecution of quackery, and that a vote of thanks be extended to Mr. Cole for his address, which he said was greatly appreciated by all present. Carried.

Dr. Frank Taylor asked Mr. Cole if it were not unlawful for quacks to run an advertisement for the positive cure of disease, and to use the mails for furthering their purposes?

Dr. W. I. Cottel spoke of the power of the city council, and thought that if the society would do all it could toward seeing that the pending ordinance passed, it would drive out all these quacks, and put a stop to this form of medical advertisement.

Dr. Wm. House moved, and was seconded, that a vote of thanks be extended the house committte, for the elegant manner in which their work had been done in furnishing the society rooms, and that they be further instructed to install a blackboard. Carried.

ALAN WELCH SMITH,
Secretary.

Pierce County Medical Society.

The regular meeting of the Pierce County Medical Society was held at the Tacoma Hotel Tuesday evening, April 21st. The program was as follows:

Treatment of Pott's Fracture, by Dr. E. A. Rich. The discussion was opened by Dr. Bean.

Treatment of Collis' Fracture, by Dr. W. B. McCreery. Discussion opened by Dr. McCone.

Pure Milk, by Dr. R. E. Gove. Discussion by Drs. Green and Wilson.

Dr. Edward A. Rich, "The Treatment of Potts' Fracture":

The only object of this paper is to advocate a rational treatment for common fracture.

Of all the fractures encountered in the bony framework of the body, Potts' fracture ranks second in subsequent non-union and is often, under the best treatment, conducive to some disappointment. I shall attempt to demonstrate that the reason for this calamity lies in the fact that we have not only a fracture of the bone or bones, but also there is a tearing and rough fracture of the ligaments and interosseous membranes.

In Pott's fracture, if complete, we have: 1st, a fracture two or three inches above the lower end of the fibula; 2nd, a fracture which separates the internal malleolus from the tibia and may be further complicated by other injuries to the tibia; 3rd,

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a rupture of the involved ligaments.

Such extensive damage is usually caused by indirect violence. It has been called the "street-car fracture," because it is often the result of jumping from moving vehicles. It is sustained by falls—the great weight of the body is thrust upon the foot when it is twisted upon the leg, sometimes in adduction, but usually in abduction. The fracture is caused by the astragalus which, acting as a fulcrum when the foot is everted at the moment of applied violence, brings terrific force to bear upon the short lever segment of the fibula; the astragalus, also acting as a wedge, rends asunder the tibio-fibular ligaments.

The ligaments in this region are extensions of the interosseous membrane to which the names of anterior and posterior inferior ligaments of the tibia and fibula have been given, notwithstanding the fact that they are not distinct entities. They are composed of short fibres and form the only restraining band between the two bones of the leg,—the annular ligament of the ankle exerting no influence whatsoever upon the fibula, consequently, in Pott's fracture these ligaments are sacred structures.

The one distinctive diagnostic feature of this fracture is the very severe pain above the ankle joint. This is due, not to invasion of bone fragments, but to forcible separation of those fibres of the interosseous by the bony wedge of the astragalus. There may be pain elsewhere, but it is elicited only upon pressure.

As to deformity, we may find a prominent anterior dislocation of the leg bones—in thin patients finding them so far forward as even to be astride the navicular bone. This is caused by the action of the intact Tendon of Achilles and its muscle. In fleshy persons, this dislocation is often not discernible.

Usually the most difficult procedure in the diagnosis of this fracture is the detection of the fracture itself. The radiograph is now at our disposal, removing a troublesome performance of the past. However, by palpating the entire fibula, as one would a rod, its recoil, on pressure, if intact, or the dead lack of spring in fracture, make the differentiation possible in almost every case.

In some cases the diagnosis is most easily made, inasmuch as the fibular fragments protrude through to the skin, giving pain, crepitus, and allied fracture symptoms, with the malleolus prominent or movable. Such phenomena as these are encountered far less frequently among our cases than our text-books would lead us to believe.

The treatment consists in the observation of the Golden Rule for all fractures which involve ligaments and interosseous membranes and means that special stress must be laid upon the repair of the membrane rather than upon the repair of the bone. In this fracture, the bones, when replaced, will unite rapidly, whereas the torn interosseous membrane and its ligaments are more deeply placed, with poor blood supply, and never intended to sustain such terrible lateral strain, unite but slowly and, even in the most robust individuals, require about two months for repair, or double that time for the feeble.

Our first endeavor, in these cases, should be to reduce the dislocation. To do this, we increase the deformity by strongly flexing the foot on the leg,—which is held by an assistant,—and drawing the foot forward and inward until the former position is assumed. With this foot-flexion, the tibia slides back into place readily. The remaining steps at reduction consist in replacing the fibular and tibial fragments and to place the foot

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in flexion. There are two reasons for flexion: one is to establish a muscular balance between the flexors and the extensors and the other is to take advantage of the narrow flat surface of the astragalus, posteriorally.

An anaesthetic is always imperative and must be insisted upon. It is impossible to replace the bone fragments and overcome the tension of the tendons without very thorough relaxation; then, too, the application of the splint and the lateral reposition of the foot in flexion is exceedingly painful, and without these measures, may prevent us from doing our best at reduction.

While it is usually a waste of time to wait for swelling to subside in any ordinary fracture, in this fracture it probably is never justifiable to delay the replacement of the parts on account of the swelling. Indeed, the only time when delay is warranted is in those cases that are complicated by an open wound which would interfere with the proper retentive dressings, or in those cases where, owing to being called late, the swelling is followed by oedema and blebs.

The splint for a replaced Pott's fracture is a piece of a one-half inch board, six or seven inches wide and long enough to extend from the thigh to below the flexed foot. A heavy sheet of sheet-wadding is placed on the splint in such a way as to form a thick wedge with its thick end terminating at the inner malleolus, when the splint and padding are applied to the inside of the leg and the foot. A bandage about the calf of the leg, one about the thigh, and the foot abducted to the median line and a figure-of-eight bandage applied to it, these will hold the leg secure and prevent re-displacement, because they drag the foot over the wedge-pad in an over corrected position. This splint is often the only dressing that is necessary. It is not to be removed unless the parts persistently work loose. Then a posterior or lateral plaster splint can be substituted. At the end of eight weeks, during which time the exposed parts of the leg have received some passive exercise, the rigid dressings are removed, and an elastic anklet is provided to be worn for a like period of time, to provide some external compensatory support.

Let me call your attention to a statement, found in Da Costa's "Modern Surgery," which typifies statements in many books of the kind and is responsible for many American failures. In speaking of Pott's fracture, he says: "In ten days apply a plaster of paris bandage. Remove the bandage at the end of the fifth week, and let the patient go about on crutches for one week and with a cane for a week longer." Compare, if you please, the above statement with those that I record made by others, as Hoffa and Kocher, abroad, and Murphy in this country, who say: "Do not let a Pott's fracture touch the floor before a minimum of eight weeks, and only then with a strong external support."

The cause of failure is in the weakened inter-osseous membrane that is so very slow in healing. Without a long interval of repair and longer external support, I ask, what may we reasonably expect? The patient, usually a large man, begins to bear weight on the afflicted limb and all goes well for a few weeks. The little tenderness he suffers is attributed to his misfortune; but, at the end of a few weeks, he comes back with great discomfort and positive pain. The inter-osseous membrane, weakened by his accident and incompletely repaired, gives way with his weight and the united fibula spreads away from the tibia. The astragalus, again acting as a wedge, assists in the sepa-

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ration. Thus the spreading continues until the fibular extremity is blocked upon the periosteum of the os calsis; hence, the excruciating pain and disability with weight-bearing.

I do not think that I have overdrawn the clinical picture. Experience with this fracture unwisely treated so often gives these results that I cannot too strongly advocate the points enumerated above, namely: Long fixation before weight-bearing, and long external support for a debilitated inter-osseous membrane.

In the West, I have seen several good fracture reductions absolutely ruined by the retentive dressings that were subsequently applied. It is a temptation, when a good position is secured, to slap on a plaster of paris circular splint and turn the case loose to the mercies of a kind Providence. Such a course of treatment is a surgical crime. The circular splint is the cause of many non-unions, many poor results, and many unnecessary amputations. It is immaterial where the fracture is located, the circular primary dressing is absolutely wrong.

When the round and round splint seems imperative for the initial dressings, we may safely put it down as a fact that something is imperfect in our reduction, our training, or our knowledge of fractures. The limb may be encased two-thirds or seven-eights of its circumference with impunity, but we never should be held guiltless when a full circular is found about any of our recent fractures.

Dr. Bean said that his own experience bore out the statements made in the paper. He had not used the elastic anklet, but he always used the elastic bandage long after the other dressings were discontinued.

Dr. McCreery gave an interesting resume of the treatment of Colles' fracture as given by some of the latest text-books, and added his own observations in the treatment of this class of fractures.

Whitman County Medical Society.

At the second quarterly meeting of the Whitman County Medical Society an afternoon and evening session was held, in Odd Fellows' Hall, Pullman, Wash., on the 20th day of April.

The Society was called to order by the President, Dr. Chas. C. Bumgarner; Dr. F. E. Whittaker, Secretary, with twenty members present.

Dr. K. A. J. Mackenzie, of Portland, Ore., gave an interesting address on the Operative Treatment of Hernia, illustrating the same by numerous charts.

The discussion was opened by Dr. Post. General discussion followed by Drs. Else Marshall, Campbell and others.

Dr. R. L. Gillespie, also of Portland, Ore., presented an interesting case of double hemiplegia, which produced an interesting and valuable discussion.

A paper was read by Dr. N. M. Cook, of Palouse, Wash., on Electricity in Gynecology, which was discussed in general, and was of much interest to all.

A paper by Dr. W. C. Brandon, of Palouse, Wash., on Habitual Abortion, Its Symptoms and Treatment, was replied to by Dr. Else.

Following is a list of members present: Alice A. Benton, Geo. T. Boyd, W. C. Brandon, C. S. Bumgarner, D. R. Campbell, L. J. Coberly, N. M. Cook, W. N. Divine, J. Earl Else, J. L. Harris, M. W. Harvison, Ed Maguire, H. P. Marshall, W. A. Mitchell, C. M. Post, C. H. Russell, E. A. Stuht, A. L. Victor, W. E. White, Fred J. Whittaker, F. E. Whittaker.

Visitors: Drs. R. L. Gillespie, K. A. J. McKenzie and H. W. Clearwater.

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Newly elected members: D. R. Campbell, C. B. Jones, W. W. Brand and J. B. Anderson.

A beautiful six o'clock dinner was served, and four new members added to the Society.

F. E. WHITTAKER,
Secretary.

South Idaho District Medical Society.

A meeting of the above Society was held at Boise April 14th. Dr. H. T. Ricketts, of Chicago, was present. The Doctor has been engaged the last year in making experiments and original research work in the Bitter Root Valley, Montana, in connection with spotted fever, which is so prevalent in that section.

In his talk before the Society Dr. Ricketts stated that there was still much to be found out in regard to this peculiar disease. The most important fact to ascertain yet is how the tick becomes inoculated with the disease since all tick bites do not produce the disease. Upon the close of his remarks a discussion followed, in which Dr. McCalla, Dr. Hall, Dr. Smith and others who have had experience with spotted fever, participated, and Dr. Ricketts was invited to return next winter and address the state medical society further on this subject after the experiments which he is to conduct this summer.

Other interesting papers read before the society were as follows:

"Some Remarks on Deafness," Dr. Adolph Blitz, Boise; "Report of Unique Case of Fatal Secondary Hemorrhage in Convalescent Patient," Dr. L. P. McCalla, Boise; "Direct Bronchoscopy and Esophagoscopy, with Demonstration of Instruments," Dr. R. L. Nourse, Boise; "Presentation of Three Cases of Tubercular Teno-Synovitis, Treated by Bier's Hyperemia," Dr. F. H. Brandt, Boise; "Report of a Case of Teno-Synovitis-Crepitans Treated by Bier's Hyperemia," Dr. F. W. Compton, Boise; "Observations of Gastric Ulcer," Dr. C. L. Dutton, Meridian; "Case Report," Dr. Ed E. Maxey, Boise.

During the evening session officers for the next quarter were elected. Dr. J. A. Young, of Caldwell, was made president, Dr. C. L. Dutton, of Meridian, vice-president, and Dr. F. H. Brandt, secretary and treasurer. Dr. R. L. Nourse and Dr. Brereton, of Boise, are members of the executive committee, and Dr. Smith was elected a member of the nominating board of the state association with Dr. Mary Calloway as alternate. At the close of the business session the doctors adjourned to Brand's where they enjoyed a late supper and social chat.

The next meeting will be held at Caldwell in July.

Utah Medical Association.

The 14th annual meeting of the Utah State Medical Association will be held on the 12th and 13th inst. at Salt Lake City. The program promises to be a very interesting one. Dr. H. D. Niles' President's Address will be on "The Relation that should exist between the Medical Profession and the General Public." The other papers announced, are as follows: "The Social Evil—Its Penalties: Ostracism, Disease, Death," by Frederic Clift, Provo; "Dementia Precox," by Robert L. Gillespie, Portland, Ore.; "Spotted Fever of the Rocky Mountains," by G. W. States, Franklin, Idaho; "Report of a Few Laboratory and Clinical Observations in So-Called Rocky Mountain Spotted Fever," by Ross Anderson, Salt Lake; "Obstruction of Bowels in the Aged, and its Surgical Treatment," by J. F. Critchlow, Salt

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Lake; "Some Anatomical and Physical Points Having a Bearing on Hernia," by A. J. Hosmer, Salt Lake; "Whooping Cough," by R. J. Smith, Schenectady, N. Y.; "Some Manifestations of Rheumatism in Children," by Eugene H. Smith, Ogden; "Antipyretics—Their Use and Abuse," by G. C. Emery, Preston, Idaho; "Guaiacol in Its Relation to Therapeutics," by E. I. Thorn, Salt Lake; "Treatment of Peritonitis following Appendicitis, or Treatment of Suppurative Peritonitis," by Ezra C. Rich, Ogden; "The Gymnasium and Training in Personal Hygiene as a Factor in Overcoming Abnormalities of Health During Infancy and Puberty," by Chas. G. Plummer, Salt Lake; "Internal Hemorrhages of the New Born," by G. F. Tilson, Payson; "The Plague," by Thos. J. West, Salt Lake; "Obstetrical Monstrosities," by W. R. Calderwood, Salt Lake; "Hot Air," by Geo. E. Robison, Provo; "Mouth Breathers—Cause and Remedy," by J. E. Hosmer, Provo; "Scarlet Fever—Etiology and Pathology," by Thos. J. West, Salt Lake; "Symptomatology and Differential Diagnosis," by A. C. Ewing, Salt Lake; "Complications and Sequellae," by F. H. Raley, Salt Lake; "Treatment," by R. W. Fisher, Salt Lake; "Obstetric Don'ts," by H. C. Hullinger, Vernal.

Painful Abdominal Paroxysms in the Course of Purpura of Infants.

M. L. Guinon (Rev. Mens. des. Mal. de l'Enf., Dec., 1907) says that we no longer consider purpura as a disease but as a syndrome common to different affections. We may divide this conditions into four forms; purpura rheumatica, with the eruption, rheumatoid pains, and mild gastro-intestinal symptoms; primary infectious purpura, characterized by ecchymoses, mucous membrane and visceral hemorrhage, elevated temperature and sepsis; Werlhoff's disease, with a sudden onset, and general good prognosis; and Hennoch's fulminating purpura, fatal in twenty-four hours, and frequent in infants. The form discussed by the author begins with sudden, intense abdominal pains, vomiting of blood, and diarrheal stools also streaked with blood. The crisis passes and a fresh purpuric eruption occurs. The paroxysms are repeated sometimes for months or years. There are retracted abdomen, meteorism, normal percussion sound, and a slightly elevated temperature. The internal hemorrhages may be severe. Cutaneous eruption may be entirely absent or may be marked. Edema of certain parts of the skin may be marked and urticaria may be present. The attack may end by perforation with peritonitis. An exploratory laparotomy may be necessary in order to make the diagnosis. The prognosis is relatively good. Rare autopsies show hemorrhages and ulcerations in the intestinal canal. The blood shows no changes. Today it is generally admitted that the condition is a toxi-infective one with a selective action on the nervous system. The seat of the trouble may be the medulla. Treatment consists of warm moist applications to the abdomen, morphine, and chloride of calcium to combat hemorrhage.

Raising the foot of the bed twelve inches may combat the shock more quickly than the repeated administration of stimulants and, by the way, is far less harmful to the patient. One should remember not to use this means in abdominal cases where pus has been found in the peritoneal cavity.—American Journal of Surgery.

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Book Reviews

Bier's Hyperemic Treatment in Surgery, Medicine and All the Specialties. A Manual of Its Practical Application. By Willy Meyer, M. D., Professor of Surgery at the New York Post-Graduate Medical School and Hospital; and Professor Dr. Victor Schmieden, Assistant to Professor Bier at Berlin University, Germany. Octavo of 209 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1908. Cloth, $3.00 net.

This work is a most timely one, and the subject with which it deals is attracting a great deal of attention from the profession. Prof. August Bier, of Bonn, commenced about seventeen years ago to use hyperaemia for the purpose of curing disease. He began with tuberculous conditions, but soon broadened out until during the lapse of these years his experience in observing its effects, both in physiological and pathological conditions, has been a very wide one. This book is elegant in its appearance, and is exceedingly practical in its application. Its illustrations afford much valuable suggestion as to the best method of meeting certain pathological conditions by hyperemic treatment. There are new ideas and new suggestions that cannot fail to be of the greatest value to the practitioner in many of the cases that he is called upon to treat in every-day practice.

American Practice of Surgery. A complete system of the Science and Art of Surgery by Representative Surgeons of the United States and Canada. Editors: J. D. Bryant, M. D., and Albert H. Buck, M. D. Complete in 8 Vols. Profusely Illustrated. Vol. 4. New York: Wm. Wood & Co., 1908.

This most exhaustive work is being published with expedition, and the great volume of a thousand pages, now before us, is a noteworthy one. The chapters on Operative Surgery are by different eminent authors, and they deal with the influences and conditions which should be taken into consideration before one decides to operate; the preparation for an operation, the operation itself and the care of the patient during and immediately after the operation; anesthetics and the production of local anesthesia for surgical purposes; amputations and disarticulations; excisions of bones and joints; ligature of arteries and veins in their continuity; minor surgery and plastic surgery. Orthopedic surgery takes up the last quarter of the volume, and they are all eminent enough to demand attention and respect. The surgeon whose library receives these volumes as they are issued, is to be congratulated.

Medical Gynecology. By Howard A. Kelly, A. B., M. D., LL.D., F. R. C. S., with 163 Illustrations: New York and London: D. Appleton & Co., 1908.

This work is certainly a noteworthy one. It is the harvest of two generations of work and investigation. The gynecologists have done very much in the past forty years to ameliorate the condition of the women of the world, and the last half of that period has been the most prolific in this work. While no one would for a moment claim that the ideal has been reached in the acquirement of knowledge, it is yet apparent that the old time practitioner who had fair success in his gynecological operations, would be startled if he were to suddenly, at a bound,

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see the operations of today. This work gives the latest and best reports of present-day knowledge, and it will amply repay careful perusal, and should be on hand for frequent reference.

International Clinics. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, etc., by leading members of the Medical Profession Throughout the World. Edited by W. T. Longcope, M. D. Vol. 1. 18th Series. 1908. Philadelphia and London: J. P. Lippincott Co., 1908.

This always valuable work has, among others, articles under the head of Treatment dealing with "The Sanatorium" by Dr. Lawrason Brown, of Saranac Lake, New York; Notes on the Treatment of Syphilis by the Injection of Soluble Salts of Mercury, by Dr. Jean Dardel; Some Clinical Aspects of Blood Coagulation, by Dr. Thos. R. Boggs; Some Records of the Value of the Opsonic Test for Diagnosis and of the Employment of Vaccines in Certain Infective Conditions in Children, by Dr. A. Dingwall Fordyce. The feature giving an outline of the Progress of Medicine during 1907 under the heads of Treatment, Medicine and Surgery, is especially instructive.

OBITUARY.

Dr. G. W. Maston.

The death is announced of Dr. G. W. Maston, who died in Klamath Falls, Ore., on the 24th of April. Dr. Maston was 55 years of age, and had been a resident of Albany before going to Klamath Falls. He was a member of the Masonic order, and his funeral was conducted by the local lodge. He leaves a son and daughter.

Seroimmunization and Serotherapy in Measles.

Cenci Francesco (Riv. di Clin. Ped., Dec., 1907), describes his researches in an epidemic of measles as to the possibility of producing immunity by the injection of serum from a recovered case of the disease. He injected four children with the blood serum drawn from the veins of a healthy man who had recovered from measles. The brothers of these children were not injected. All the children being exposed to the disease in the same surroundings, none of the injected children had the disease while the other did take it. This immunity continued for four months. In an epidemic of measles four years later these children did contract a light form of the disease showing that only a temporary immunity was obtained. One of the children was vaccinated with the scales from a case of measles, but this had no effect. The author also injected cases of measles with antidiphtheritic serum to observe the results. Fever was lessened and shortened, there was a cessation of the inflammatory symptoms referable to the respiratory organs, and the general condition improved. In a case of bronchopneumonia with much prostration the child was feverless after forty-eight hours and was soon cured. Her antimorbillous serum was injected at the same time with the antidiphtheritic serum.

Persistent high temperature after appendicectomy may be due to the formation of a pelvic exudate. No operation should be performed until a distinct localized abscess has formed, as there is danger of setting up a diffuse peritonitis.—American Journal of Surgery.

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Extracts

Lodge Practice.

An article on lodge practice, by Dr. George E. Holtzapple, York, Pa., appears in the April number of the Pennsylvania Medical Journal. It is a praiseworthy and careful study of this phase of contract practice and is based on data secured from fraternal orders and from physicians of Pennsylvania. Dr. Holtzapple defines lodge practice as that branch of contract practice which furnishes medical attention to members through an organization or club. In order to secure material for this paper Dr. Holtzapple addressed a circular letter to 231 physicians living in as many different cities in the state, asking for information on seven points as follows:

1. Number of lodges in your town which employ physicians by contract.
2. Membership of such lodges.
3. Number of individuals receiving free treatment owing to the head of the family belonging to such lodge.
4. Amount paid by such lodges for medical services.
5. Number of physicians in the town doing lodge practice.
6. Number of such physicians belonging to a component county medical society.
7. Provisions in the by-laws of county societies prohibiting lodge practice.

A second letter requesting this information was sent to 150 physicians who did not reply. Of the 231 to whom letters were sent, 126 made no reply. From the 105 replies a table was prepared showing graphically the information received.

The results of the investigation show that in the 105 towns under consideration, 63,238 individuals, either members of fraternal orders or their family, receive treatment at an average annual price of $2 a member. Estimating this on the basis of population, 3 per cent of the inhabitants receive free medical treatment. As the population of the towns considered amounts to about one-third of the population of the state, it is estimated that about 200,000 individuals in the state of Pennsylvania receive practically free medical treatment.

The reports show that the average amount paid is $1 per annum for each member, when only the member is entitled to treatment and $2 yearly per member when the member and his entire family receive treatment. This would amount to a maximum of $1 for each individual for twelve months' medical attention, or a little over 8 cents a month, or about 2 cents a week.

In considering the personality of the physicians engaged in contract practice, they are divided into three classes: Young men just beginning medical practice and accepting such positions as temporary expedients; men of all ages who have failed to establish well paying practices; those well established and doing a lucrative business, but selfish and avaricious and desirous of securing all the money possible.

In the discussion following the reading of the report, Dr. Albert Eaton of Philadelphia stated that the lodge practice evil is a foreign importation and that it has practically ruined the medical profession in Austria, Germany and Great Britain, and that the same fate will befall the physicians of the United States unless prompt and drastic measures are taken He objected to lodge practice because it places the practice of medicine on a purely commercial basis, inhibits organization, prevents the physician

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from obtaining proper remuneration for his services, places a blight on medical progress and reduces the physician who engages in it to the position of a poorly paid promoter for the organization by which he is retained. He considers that the remedy lies in the establishment in medical colleges of a course of lectures on the business side of the medical profession, setting forth the objections, both economic and professional, to such practice. He also declared that the various county medical societies should take positive action regarding this evil and should enforce their decisions.

Army Medical Reorganization Bill Becomes a Law.

The Army Medical Reorganization Bill, which had been in the hands of a conference committee of the Senate and House, has been modified to the satisfaction of both houses, adopted by them and signed by President Roosevelt. The bill became a law practically as reported by the Senate committee, with the exception of some modifications made in the House, reducing the number of medical officers of the higher grades. The passage of this bill insures an adequate medical staff for the Army in time of peace, means of expansion to meet war conditions or special demands, and sufficient inducement in the way of pay, rank and promotion to attract a desirable class of young physicians to enter the Army Medical Service. It also insures the abolition of the contract surgeon system. Provision is made for a medical reserve corps, auxiliary to the regular medical corps, form which additional medical officers can be drawn in time of war. Those officers of the medical department, as well as those members of Congress who have worked earnestly for years to secure the passage of this bill, are entitled to congratulations on securing these results, so vital to the best interests of the Army and of the nation.—A. M. A. J.

Dr. Senn as a Man.

There died in Chicago, January 2, 1908, a man who, measured by all the standards of greatness, was truly great. The elements of this man's greatness appear natural to him as any function of his life. He was great in the breadth as well as the minutes of his labors and in the exceptional character of his work.

Dr. Nicholas Senn was great in a vocation where reputation never corresponds to the amount of labor. A vocation often more professed than labored, and yet more labored than advanced, rather in a circle. The influence of Dr. Nicholas Senn's mentality upon medicine helped in no small degree to abrogate the monotonous circle of advancement and retrogression and bring into being a powdered tangent of real progress. His contributions to surgery were of immediate effect, distinctly stimulating and impelling in a line of clinical, experimental and abdominal surgery and to the rapid growing of effective operative technique. Let us study this man lent to life but now taken from it. Great men stand like solitary towers in the city of God. Nicholas Senn's greatness came not alone from his thought, power and capacity, but from the right doing and rare application of his thought, power and capacity. It was no single power which made Senn great, but the grouping within self of a combination of powers acting towards well-timed and successful results.

Dr. Senn was endowed with wonderful physical and mental endurance. His unswerving mental continuity

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made him pre-eminently great in the all-accomplishing, modern majesty of work. He was strenuously boundful in working out a broad, comprehensive pure intent. He was a typical index of the wonders of concentrated labor and patience. His self-imposed tasks and triumphs were of heroic stamp, and he, above most men, owed nothing to chance but all to a well-ordered brain and unceasing labor. His surroundings contained every element necessary to incite, conceive and accomplish great work. Biding in a region of country where ponderous progress loomed up in grander and more impressive proportions than in almost any other known in the world's history. Great men are the models of their country; yes, the formative models of their surroundings and time. Such was Dr. Nicholas Senn. His environment so potently impressed and inspired him by their indescribable promise, vigor and wonderful growth, that he naturally became a brilliant and pure reflex of the great Northwest, where accomplishment truly became thaumaturgic. His life was indeed all labor. It appears that he felt that his life belonged to his race and that the excellence which God gave him he willingly gave in return to mankind. He apparently reveled on the royal road of intelligent, industrious use, nor did it appear at any time in his life that he had become a slave to that dry drudgery at the desks dead wood, nor was he as some, "where men labor and labor until labor ceases to refresh the laboring brain with hope."

This man's energy of character had to be based upon the broadest and best hope. Strong minds must and will always hope. He traveled up the great worlds' altar stairs that sloped through an infinity of purpose up to God. It is doubtful if any man of his calling was as popular as he was, and though it may be true that he lived to know that "popularity is like the brightness of a falling star, the fleeting splendor of a rainbow, the bubble that is sure to burst by its own inflation;" yet he, as all the world knew, had more than leinage from which heroes come, for he was filled with marvelous, weal working merit.

He was a formative genius of his time, pre-eminently creator, guider and leader in what is now the most advanced method of teaching surgical pathology. No contemporary of Dr. Senn seemed to have been endowed with the capacity and ability as he was to influence by direct personal contact, teaching and example the surgical standards of medical students and practitioners in such large number as he. They came to him from every part of this great land, from over the seas, and almost the entire world. He was, indeed, gifted with the instinct of effective and broad enterprise. He undertoook great things because he was great. Ruskin truly pictured him when he said:

"Genius remains in great part a child, seeing with the large eyes of children, in perpetual wonder, not conscious of much knowledge, conscious rather of infinite ignorance and yet infinite power, a fountain of eternal admiration, delight and creative force within him meeting the ocean of visible and governable things around him."

Endowed to fullness with a deep love of truth, for well he knew that truth is the foundation of all knowledge, and knowledge the basis of all real progress; within the very essenced soul of all things, progress was, is and must ever be the law of life. At no period in his life did his mind appear to know pause in labor, progress and development. Labor, yes, labor, as wide as the world, was the constant motive power of his soul,

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and accomplishment the only pabulum for his unceasing, active mind. Dr. Senn had rare and wonderful capacity in knowing the true value of things. His public surgical clinic it is said was one of the very largest in the whole world, and true to the great patience and perseverance of his genius he conducted it not on the basis of definite accomplishment, for his clinics were often extended far into the evening. His was the industrious, effective mind, to take mass and give it coherent form and worth. He was one of the very first to make the laboratory a part of his surgical clinic.

Dr. Senn was among the first and greatest of the world's experimental surgeons. Filled with the spirit of discovery he became the pioneer of the generation he now precedes; he loved his art and blessed it by his untiring labors and discoveries. He was a man of rare mold and genius; he owed to neither work, fortune nor accident his greatness. He made the world feel his presence and it was made richer for his coming. He blessed man by his accomplishments.

Dr. Senn arose from unpretentious state to the height of fame. He was not prompted by low ambition and selfish thirst for praise, but seemed to feel that inherent love of labor and the single thought that one truth discovered is immortal and makes its author so. He was never pretentious and arrogant, but simple as a child and unconscious of the rare worth within, seemingly untinctured with vanity as to his immense capacity.

He left a living influence, beneficial and ennobling throughout all time to come. That his influence upon the medical profession of his own country was marked, profound, far-reaching and beneficial, no one can deny. In the estimation of the writer this country has not produced his peer; that he was a moving power which gave an impetus to the broad study of surgical subjects, such as no other student and author ever developed in this country, we believe it is evident to any truthful investigator. That he inspired and helped to develop a coterie of as fine operative surgeons which this country or probably the world has seen, is seemingly an established truth.—W. B. Outten, M. D.

Medical Journals—Association and Independent.

Between the association organ and the independent is a great gulf fixed, which neither could cross if it would. One regards journalism as a specialty of medicine; the other treats medicine as a specialty of journalism. Therein lies the crux of the entire difference between them. Each must be conceded its own place and value in its field, and neither must look for a surrender by the other of its central principle of being. But there are common grounds of interest and action between them, if they be honestly sought for, which involve no impossible surrender on either side.

If the association (for in this respect the association stands for all organized medicine) really desires the co-operation of the independent journal in this proprietary matter, we suggest that it abandon its high-and-mighty, our-way-or-none attitude and seek a common basis of discussion and operation. If, as almost everyone recognizes, there are evils and abuses which need correction, there surely must be common motives and obligation, and purposes, and methods for dealing with the situation other than those arbitrarily insisted upon by the association, which, indeed, need not interfere with organized medicine's own peculiar ways of handling the matter, and in which the independent journal

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can consistently co-operate, not perhaps to the sweeping extent that organized medicine would like, but still, in the main, looking toward the desired end. Perhaps, before the campaign was ended, organized medicine might even learn, and admit, that a little modification of its extreme attitude was desirable.

The ideal attitude for the association to take in its relationship to this question—from which it could most forcibly prosecute its campaign and most frankly appeal to the independent journal—would be to remove its organ and its subordinate organs from the advertising field altogether, where they have no legitimate business. Such a step would vastly enhance the value of its advisory function, greatly simplify the position of the independent journal, and in many ways clarify the whole situation. It is hardly to be expected, however, that the organization will be prepared to sacrifice such a good thing for the sake of the cause. We will not press such a point as that.

We do suggest, however, that if the association really seeks the co-operation of the independent journals in this campaign that it arrange a conference with them on common ground—a personal conference, for this habit of firing at long range back and forth is fruitless and demoralizing. The association will hold a convention in Chicago in June; so will the Association of American Medical Editors, at which most of the independent journals of the country will be represented. Why not arrange for a conference on this subject between the independent editors and a committee of the A. M. A., at which the matter may be thoroughly and frankly and amicably ventilated from everybody's standpoint? We venture to assert that such a conference would open everyone's eyes—we know, on our side, that there are many considerations of independent journalism of which the organ editor is profoundly ignorant—and would be productive of more good than all the wrangling in the past five years.—Medical Standard.

The Midwives of Chicago.

In the spring of 1907 the council of the Chicago Medical Society appointed a committee to investigate midwives and their characters and methods in the city of Chicago. Dr. Rudolph W. Holmes was made chairman of this committee, and associated with him were Drs. Alice Hamilton, Caroline Hedger, C. S. Bacon and Herbert M. Stowe; the work of the committee was made more possible by the co-operation of the Hull House authorities in the work. The committee finds (Journal A. M. A.) that the regulations of midwifery are practically the same as when the state first began to exercise control over the practice, and are utterly absurd and inadequate when compared with the requirements of obstetric practice by doctors of medicine. No preliminary education or obstetric experience is required; the woman's ingenuity in passing the examination is all that is necessary. And yet a woman who can not read or write in any language can pass a written examination. The committee believes that the time is ripe for a readjustment of midwifery requirements, and that there should be adequate regulations commensurate with the demands of modern obstetric practice. The report to the committee by Miss F. Elizabeth Crowell, who superintended the investigation, makes up the bulk of the article. The information regarding their personal, social and professional status was obtained from the midwives by Mrs. M. J. Rogers of the Visiting Nurse Association, and later, a special detective,

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with New York experience in this line of work, visited the same midwives to gain information as to criminal practices. In Chicago, 47 per cent of the births are reported by midwives, chiefly among the Italians, Slavs and Germans. It is impossible to make any accurate estimate of the number of midwives practicing in the city, the registry is absolutely valueless for all practical purposes. Speaking roughly, there are between 500 and 600. This estimate is based on the numbers registered at the county clerk's office (1,634), and in the last city directory (466). Allowing for changes by death, removal, etc., 500 may be a conservative estimate of the present number. Of the 466 in the city directory, but 346 could be identified in the register, and in a majority of cases they were incorrectly recorded. Over one-half of the 223 visited were incorrectly registered. There was very little illiteracy, only one being unable to read or write. Sixty-seven (30 per cent) presented foreign diplomas, which may be considered as evidence if proper training; 111 (about 50 per cent) had certificates from local midwifery schools, so-called, which are prima facie evidence of but one thing—that the holder had money to pay for it. Many of these local schools could not be traced, but seven were found and investigated. The same strictures made on the New York schools apply to those of Chicago; they are diploma mills. In two cases no text-books were used, instruction being solely by word of mouth. When possible, opportunities are given for practical experience, but this is not considered essential. One "school," seemingly well patronized, judging from the number of certificates, offered private instruction in the modus operandi of successful abortion as a lucrative specialty. In this particular instance, the school of midwifery seems to have been also a school of crime. The standard of cleanliness was found to be much higher than in New York; one explanation being that nearly all the midwives lived in separate homes instead of crowded tenements, as in New York. Coming to the criminal aspect of the practice of these women, they were found to be on a par with those of New York. Forty-nine midwives agreed to perform an abortion on the special agent who visited them, and four offered to sell drugs that would act as abortifacients. Twenty-two were put down as suspicious because of information given by others or because of their possession of instruments for which they had no legitimate use. Of these women, 19 offered to receive patients in their homes, in direct violation of the law. In fact, there is very little, if any, obstetrical work done in these unlicensed lying-in establishments; they are simply abortion shops, and the same epithet would apply to some licensed lying-in institutions, so-called. It is probably true that the crime of abortion is increasing in Chicago, and it is generally conceded that the midwives are chiefly responsible. The committee, in conclusion, recommends changes in the law, giving the State Board of Health authority to inspect or control midwives, and suggests the issuing of short term licenses without additional fees after first issuance; the appointment of a local official with sufficient assistants, who should be responsible for the conditions of midwifery practice in the city, acting in conjunction with the local health authorities; the promulgation of rules restricting and regulating the practice of midwives by the state board, whose local representative should be charged with their enforcement. Provision should also be made for the assumption of the control of midwife education by the State Board of Health, and

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in instituting a plan of midwife education; the board should also provide for repetition courses of from two to four weeks every two to four years, such as are favored by the German and Austrian schools and the German Society for Midwife Reform. Detailed tabulated statements of the results of the investigation are appended to the report.

How Malarial Parasite Perpetuates its Existence.

Albert Woldert, Tyler, Texas (Journal A. M. A.), observes that malarial fever may occur at any time of the year and in any climate, and states that the question is often asked: In the beginning of the year where does the malarial parasite come from? He quotes investigations by various authorities, and goes on to state that since experience has taught that malarial fever is more common in the fall and gradually disappears as winter approaches and reappears in the spring, it seems as though there were a gap somewhere in the formulated theory as to the life cycle of the parasite. He then asks: How does the malarial parasite perpetuate itself, and what becomes of it during the winter months? He compares the life cycle of this parasite with that of other disease producing organisms, and states that the life cycle of the malarial parasite is complex. Being of a higher order, and of an animal nature, it requires for its growth and development a certain amount of heat and darkness, and a certain amount of albumin or living protoplasm. While many of the vegetable organisms, such as the tetanus and plague bacilli, may grow in the soil and sometimes in the water (typhoid bacillus) the malarial parasite would undoubtedly perish if it did not obtain for its nourishment living protoplasm. He says: "Perhaps, by a process of natural selection, it is necessary that the malarial parasite should be withdrawn from the human blood, and be changed in the body of the mosquito from the full-grown or flagellated parasite to the spindle-shaped spore, to be in this form transmitted back to man for the reason that it could not seemingly otherwise escape from its permanent host (man) and be again introduced in a living form into some other living body." Woldert reports cases of malaria which occurred during the winter months. One patient suffered from tertian malarial fever, and after having taken more than 200 grains of quinin, followed by a tonic, had a relapse. Woldert stated that this case shows how easy it is for certain forms of malarial parasites to resist the action of quinin, how easy it is for the parasite to reside in the human blood all winter and how hard it will be to exterminate the disease in any given locality.

Modern Conceptions of Syphilis.

A. Schalek, Omaha (Journal A. M. A.), points out how our ideas about syphilis have been modified since the discovery of the Spirochoeta pallida as its causal organism. Formerly, gummata were considered innocuous as being due to toxins only, and appearing after the active virus had exhausted itself. Now we know that they may be still infectious, and doubtless, are responsible for some obscure cases. The spirochetes are, however, only exceptionally found in these late lesions, and are not to be expected in broken down gummata on account of the destruction of the tissues. The difficulties of the staining methods and the necessary training of the eye to detect them put this method of diagnosis out of the reach of the majority for the present, but it

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is only in the doubtful cases that it is absolutely needed. The finding of the spirochete is only possible before mercury has been taken; this drug is fatal to the germ, a fact that Metchnikoff has shown to be of value in the prophylaxis of the disease. An occasional examination for the spirochete is useful in the treatment of constitutional syphilis, but the fact of its constant appearance in primary lesions makes it unnecessary to wait for the eruption to verify the diagnosis, and renders a radical early common-sense method of treatment practicable. Exdsion of the chancre, followed by cauterization, seems the rational procedure to eliminate the breeding of the disease. This should be followed by energetic mercurial treatment to destroy all germs that have already entered into th lymphatics. Excision also prevents autoinfection. The discovery of the germ and its antidote, mercury, puts the treatment of late syphilis on a scientific basis and shows the uselessness of solely relying on the iodids, which are valuable only in promoting absorption and eliminating toxin. It also has an important bearing on the question of the marriage of syphilitics. Since it is not yet possible to obtain pure cultures of the spirochete, one can only speculate as to the possibilities of opsonic treatment and other modern therapeutics. Interesting experiments are, however, reported with serum diagnosis and serum therapeutics, some of the results rather encouraging. Immunization experiments have also been made with positive results. One important fact shown is that not every case of locomotor ataxia is of syphilitic origin, and our means of deciding as to the specific nature of certain brain tumors are greatly improved. Our ideas on autoinfection and reinfection have also been changed. It is now known that there is a period during the existence of a chancre when multiple auto-inoculations occur, and that there is a time limit to the protection conferred by a single attack of syphilis, after which reinfection may occur. Finger's explanation of recurrent syphilitic lesions seems most rational: Immunity begins and develops gradually with the first appearance of the primary lesion. It increases during the secondary stage, but never becomes absolute. After reaching its climax, it again decreases, until a virus which may have remained latent for a time can produce new pathologic changes, or infection from outside sources becomes a possibility.

Not Doctoring Much.

A sickly-looking man came into the office of a village physician and said that he wasn't feeling very smart and wanted something to "kinder straighten him out." After he had described his symptoms, which did not indicate anything at all serious, the physician asked him if he had been taking anything for his troubles. "Well no; at least, none to speak of," was the reply. "I heard that the extract of dandeline was good for troubles like mine, so I took three pints of that, but it didn't seem to do much good. Then I got me two bottles of Smith's Healing Compound and a box of Green's sure cure pills and took 'em, and I kinder think they helped me some." "Did you take anything else?" asked the physician. "Yes;" my wife fixed me up a mess of pokeberry and calamus and mullen and rue and boneset and tansy, and a few other yarbs, and I took that for awhile, until one of my neighbors sent me over something he'd bought the receipt of from a gipsy woman. Then I didn't feel so well, so I changed off to some stuff I bought of a ped-

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dler, and a little quinine twice a day. I ain't taking anything now but a little of the elixir of a hundred roots and some bitters. I ain't gaining very fast, so I thought I'd come in and see if you thought I needed anything else."—Medical Times and Hospital Gazette.

Pthe Pterrible Pfate of Frank Pfeffer.

Frank Pfeffer, of Titusville, Texas, died of ptomaine poisoning last Thursday.—Newspaper Item.

Pfrank Pfeffer, down in Ptitusville,
Once pthought pthat he would like pto fill
Himself with nice ptinned ptongue.
A corner grocery he sought,
And pthere ptwo ptins of ptongue he bought;
Of human ills he had no pthought,
For he was blithe and young.

With eager hands he oped a can,
And into it his pfingers ran,
Pfor he was in great haste.
Great gobs of ptongue Pfrank Pfeffer ate,
Not dreaming pthat he ptempted pfate.
At every gulp he pthought it great,
A crum he did not waste.

He ate pthe contents of each ptin,
Pthen suddenly he pfelt within
An awful shooting pain.
His inner works were paralyzed.
Pthe doctor came and ptheorized.
Ptoo late poor Pfeffer realized
Pthe ptongue contained ptomaine.

A stomach pump pthe doctor ptried;
Pthe ptomaine his attempts defied,
And pto poor Pfrank it clung.
Alas, Pfrank Pfeffer could not stay;
Pthose ptins of ptongue put him away.
By other ptongues—not ptinned—next day
His requiem was sung.

—Lippincott's.

The Effects of Urban Congestion on Italian Women and Children.

Antonio Stella, of New York, on investigation of many Italian families, found that they are more crowded and have less air and light than many other tenement dwellers in this city. From twenty-five to fifty per cent of their earnings must be paid for rent. The windows are hermetically sealed in winter and the air is indescribably vitiated. City life bears harder upon the country bred individual than upon the dweller in cities. The death rate is higher among Italian children than among other nationalities. They are especially predisposed to respiratory diseases, notably broncho-pneumonia and measles. The percentage of Italian children suffering from rickets is very high. Allowing for the defective nutrition of the mother's milk, the overcrowding and bad hygiene are the causes of this disease. Italian children brought up in the country show an inch and a half more height and a pound more of weight than the city bred. Malnutrition, scrofula, adenoids, and faulty dentition are common. These children are vulnerable to contagious diseases. Tuberculosis is prevalent among the second generation to a marked degree. Among Italian women there is much tuberculosis of the lungs, as well as of the adnexa and peritoneum. The causes are the poor food they eat, many having but one full meal a day, and that containing no meat, and the hard work they do. The author says that it is a mistake to say that the Italians are not poor. A stoppage of work places them in the direst want. Their food is poor in their nitrogenous elements which are necessary in this climate. Menstrual troubles, poor muscular development, gastric troubles, skin diseases, and innocently acquired venereal diseases are found among Italian

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women in plenty. The author advocates a better distribution of the Italian emigrants, sending them to the country districts, where work can be had, and keeping them from herding in the cities for factory work.—Medical Record.

Work.

Let me but do my work from day to day
In field or forest, at the desk or loom,
In roaring market-place or tranquil room;
Let me but find it in my heart to say,
When vagrant wishes beckon me astray,
"This is my work; my blessing, not my doom,
Of all who live, I am the one by whom
This work can best be done in the right way."
Then shall I see it not too great, nor small,
To suit my spirit and to prove my powers;
Then shall I cheerful greet the laboring hours,
And cheerful turn, when the long shadows fall
At eventide, to play and love and rest,
Because I know for me my work is best.

HENRY VAN DYKE.

Diphtheritic Paralysis.

M. H. Chene (Gaz. des Hop., Jan. 25, 1908), says that the diphtheritic toxin in producing paralysis reaches the nerve centers in all probability by an ascending course through the peripheral nerves to the brain. It is difficult to say whether diphtheritic paralyses are of bulbar origin, neuritic, or cardiac. There are constant myocardial lesions found at autopsy and few evidences of nervous alterations. This would lead us to believe in the cardiac origin of the troubles. Prognosis depends on the extent of the paralysis, the general form being more likely to be fatal than those that are localized in the palate. Early cases, occurring within a few days of the beginning of the disease, are less frequently cured than those beginning later. When albuminuria occurs in the course of the disease the paralysis will be fatal. Early heart symptoms are unfavorable. Sudden paralyses are also fatal. Those that come on slowly at a later date are favorable. Treatment involves injections of antidiphtheritic serum, at the appearance of the paralyses, in small doses and repeated several times. Cardiac symptoms must be combated by camphor and faradization of the pneumogastric nerve.

The Cancer Problem.

Eugene Coleman Savidge, of New York, states that investigations as to the cause of cancer based on bacteriological transmission have yielded no result and nothing can be expected from antiseptic or antitoxin treatment. Proof of the wandering cell theory would not aid us in treatment. Radial force acting on the carbon atom can change its isomeric qualities. That one force can so act presupposes other similar forces. The natural ferments of the body digest one series of isomers and leave another untouched. The action of the occult radial force can change protoplasm from digestibility to indigestibility to the natural ferments. The local cancer problem consists of changed isomers allowed to grow instead of being digested. The ferments begin to act long before transition from the preliminary to the final stage of cancer. Secretion suppression would explain the growth of cancer weed cells that effective ferments would have destroyed. If there

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be no flaw in this reasoning the cure and prevention of cancer lie in the realm of synthetical medicine.—Medical Record.

Nursing During Acute Illness of the Mother.

G. Guidi (Riv. di Clin. Ped., Dec. 8, 1907) concludes from his observations extending over a period of thirty years that there are few acute diseases which prevent a mother from nursing her child and that it is wrong to separate the child from its mother. The patient should be watched carefully as to the effect it is having on her general condition, and the child should remain with her only when it is nursing. The mother should be nourished so as to keep up the supply of milk necessary for the infant. Stopping the nursing has a bad effect on the mother as well as on the child. There are unknown means of defense against contagion in the mammary gland and in the milk for the infant. Although the germs may pass into the milk they seem to have no unfavorable effect on the child. Clinical observation confirms experimental results. The bacteria lose their virulence, the milk causing its attenuation. The infant's organism may react by the formation of antitoxic substances which neutralize the products of the bacteria.

Epidemic Pemphigus of the New-born

Maurice Riviere (Gaz. Hebd. des Sic. Med., Jan. 12, 1908), describes a small epidemic of eight cases of pemphigus which occurred in the Maternity Hospital of Pellegrin. The author believes that the infection causing this epidemic entered by way of the umbilicus, and was communicated by means of unsterilized ligatures that were used for the ligation of the umbilical cord. The umbilical wound suppurated in six of the infants that had the pemphigus and four of these infants had catarrhal ophthalmia. There was no effect on the general condition of the children who remained apyretic and the nutrition did not suffer at all. The bullae never appeared on the palmar or plantar surfaces, but generally in the neighborhood of the umbilicus, the axilla, shoulder, and neck. There were no syphilitic symptoms in any of these children or in the mothers.

Inunction of Iodoform in Tuberculous Peritonitis.

Sidney F. Wilcox, of New York, believes that iodoform is the best agent for the local treatment of tuberculosis. It is inert as a dry powder and must be applied as a solution, which may be made by dissolving it in ether and then shaking up the solution with oil. The effect is due to the nascent iodine evolved from the solution. Pus has the property of breaking up iodoform. This fact is made use of in packing sinuses with dry iodoform powder. To apply iodoform to the peritoneal surface the solution must be used, or it may be applied through the skin, the solution being easily absorbable. The author gives three cases successfully treated by this method.—Medical Record.

Von Noorden's Oatmeal Diet in Diabetes Mellitus.

J. B. Herrick, Chicago (Journal A. M. A.), describes the composition of the von Noorden oatmeal diet for diabetics and the method of its use, and gives his personal experience with it in the treatment of this disease. The diet consists of 250 grams of oatmeal from 250 to 300 grams of butter and

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100 grams of some vegetaable albumin, such as roborat, or for this substance, six or eight eggs or the whites of eggs may be substituted. The oatmeal is cooked thoroughly in water for two hours, the butter and eggs are well stirred in when the cooking is nearly done, or the whites of the eggs are beaten up and stirred in later. Salt is added to suit the taste. This forms one day's ration for an adult, and may be given in from three to eight portions. Von Noorden advises feeding every two hours; he occasionally allows a little clear coffee or a few sips of sour wine to relieve the monotony. The oatmeal may be served as gruel, mush, or, as Herrick has allowed, as fried mush. Von Noorden claims that this diet, given in many cases of severe diabetes will ward off threatening coma and establish a carbohydrate tolerance. It is not of value in the milder cases, and is not infallible in the severer ones, but in a certain number of these, in which emaciation, weakness, polyuria and glycosuria persist in spite of careful treatment, and when a study of the urinary content in acteone, diacetic and oxybutyric acids and ammonia shows acidosis with threatening coma, it has its greatest field of usefulness. Selection of cases and individualization are essential, and in mild cases it may do harm. The diet should be continued about two weeks and the return to the ordinary diabetic diet should be gradual. The objections to it are mainly its lack of appetizing qualities, and this can be met to some extent by care in the preparation and mode of administration of the food. It is not easy to explain just how it produces results so contrary to what might be expected, or why it does not increase the sugar and acetonuria, but the clinical facts show that it does not. Herrick quotes the testimony of others and gives his own personal experience, reporting and commenting on a dozen cases. Several of these were of rather mild type, and in these he has seen no evil effects, though the results were not as striking as in the severer ones. The good effects were especially noticeable in the diabetes of the young, a form notoriously hard to manage and of unfavorable course; two of the reported cases are of this type. In conclusion he says: "I would in the main confirm von Noorden's claim for the oatmeal diet. While occasionally the stomach will rebel and refuse to tolerate this food for any great length of time; while the diet is not suited to all cases, being of least avail in the milder forms; while it fails even in some of the severer types, and while no claim for a cure of diabetes can be made, this diet still remains a most valued therapeutic agent for the warding off of impending coma in the severer types of diabetes and for assisting in the establishing of a tolerance for carbohydrates. In the milder types of diabetes I have so far seen no ill effects follow its use, but the benefits have been trifling. My experience in using it in the diabetes of moderate severity has in general been favorable, it being of special help in establishing tolerance for carbohydrates. In the diabetes of children, if employed early, it seems to exert an unusually favorable influence."

Over-Stimulation of the Kidneys.

Several weeks ago I was consulted by one of our merchants whose health seemed to be failing and he did not know why.

Examination showed eyes dull, skin dry and dirty, tongue pale and lightly coated, bowels sluggish, urine pale and very abundant, appetite poor, weak and beginning to be emaciated. A few weeks before he had felt a little ma-

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laise and a friend had advised him to get a patent kidney remedy. He got it and took it for awhile; besides increasing his trouble, he noticed he began to pass very large quantities of urine.

Evidently the remedy he had taken was a powerful renal hydrogogue. He passed an abnormal amount of pale urine, but the solid contents of the urine were retained, so that he was being poisoned from retention of the urinary solids. Hence the muddy eyes, dirty skin, failing health and strength. And hence the swollen joints and pain in the fingers.

Treatment.—The patent medicine was stopped. The kidneys were soothed. The stomach was gently stimulated, an electric light bath, with gentle massage, following same. In a short time the change in his general appearance was remarkable His appetite improved, his skin and eyes cleared up. He felt like a new man. He paid his bill and went on his way rejoicing. And what pleased him especially—he had taken but very little medicine.—Eclectic Medical Journal.

Delirium in Tetanus.

C. W. Burr, Philadelphia (Journal A. M. A.), remarks on the rarity of mental symptoms in tetanus; the toxin does not usually appear to disturb the intellectual functions and the emotional control, considering that the patient's usual knowledge of the seriousness of the disorder, is commonly better than might be expected. When mental symptoms do occur, therefore, the question arises whether they are accidental complications occurring simultaneously with the tetanus and in no way caused by it; or due to the medicines, or to the direct result of the exhaustion produced by the disease or of a secondary infection set up by the primary action of the tetanus toxin. In a large experience with tetanus, he has himself seen delirum in only three cases which he reports. In one of these, Burr can find no cause save exhaustion and the influence of fever in a susceptible person. In some persons, slight fever is a distinct cerebral stimulant and a high temperature may cause wild delirium. In another of the three cases, he thinks that the delirium was entirely due to intoxication by the heroic doses of bromids and chloral employed and the third was in a person naturally unstable mentally, emotionally weak, lacking in self-control and a victim of alcohol. Any other severe and sudden stress would probably have been equally likely to disturb the mental equilibrium.

Alimentation of the Sick Infant.

Severin Lachapelle (Jour. de Med. et de Chir., Vol. III, No. 2) advises that we consider the amount of alimentation of the sick infant that is necessary to continue his growth, to combat the periods of infection that he must pass through, and the complications that follow them and to return him to vigorous health with the microorganisms so eliminated that no relapses will occur. To this end we must feed him more than is usually done in sickness. Owing to the anorexia of fever, food cannot be given by mouth. The rectum must then be employed. We may inject eggs and broths, and make use of suppositories of peptone powders. As medicaments we should add the glycerophosphates and lecthin We shall thus obtain enough nourishment to keep up the strength of the little patient until his stomach no longer rebels and he can be nourished in the ordinary way.

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DEATHS FROM THE H-M-C?

A Report as Published and the Facts as Later Elucidated.

Following is an interesting contribution to the controversy as to the H-M-C tablets, taken from the May issue of the American Journal of Clinical Medicine:

In its report of the last meeting of the Idaho State Medical Society The Medical Sentinel published the following:

"Personal Experience with Hyoscine-Morphine-Cactin Anesthesia: Dr. J. M. Taylor, Boise, in reading this paper, claimed only a very limited experience. Abbott's H-M-C tablets were used in all his cases. In three of four surgical cases he found its use to greatly lessen amount of chloroform required, the pre-operative distress and excitement were prevented, post-operative excitement and restlessness were practically eliminated and there was very little nausea and no tendency to post-operative hemorrhage. In his obstetrical practice had used half-tablet doses, at intervals of three or four hours, as he thought it indicated, and all patients had become quiet, resting or sleeping between pains, slight lengthing of intervals, seeming improvement of contractions, and no noticeable increase of asphyxia of child; and thinks the benefit to the mother far outweighs the slight possible danger to the child.

"Discussion: Dr. John Boeck had had only limited experience—not sufficient to form a definite opinion. So far he was very well pleased with its use, though he had used the hyoscine and morphine without the cactin.

"Dr. Kellogg knew a case where operation was contemplated for obstruction of the larynx, where ether and chloroform were thought to be contraindicated. A single tablet of H-M-C was given hypodermically, followed by almost immediate death, and in his opinion the tablet caused the fatal result.

"Dr. Stewart had used this tablet in several cases and had felt more or less indifferent toward the combination until he used it in a case of bronchial asthma, when one dose relieved the attack and also prevented the nausea, which usually follows morphine alone.

"Dr. J. H. Bean reported three cases, one amputation and two abortion, with perfect results from the use of H-M-C.

"Dr. Niles thought the efficacy of this compound very doubtful, and from the conflicting reports, asked how are we to know where we are at?

"Dr. Brandt called attention to a death reported recently in The Journal of the American Medical Association.

"Dr. Hinman reported knowledge of three deaths from this anesthetic, occurring in Davenport, Iowa.

"Dr. McDaniel said he had tried it in one case, with unsatisfactory results, though patient did not die.

"Dr. Prinzing had used it in a case of inoperable cancer, with relief of pain, but it made patient crazy afterwards.

"Dr. F. W. Compton had used H-M-C in eight obstetrical cases, with three babies showing asphyxia.

"Dr. G. E. Shawhan said he thought the ill effects from H-M-C were due to an idiosyncrasy on part of patient for one of the drugs.

"Dr. Root also spoke of idiosyncrasy to effects of hyoscine which

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seemed to be increased by addition of morphine, and cited cases in his own practice. He did not approve of giving morphine in confinement and felt sure the child could be killed in this way.

"Dr. Haley's limited experience with H-M-C had taught him that the drug should be used with great caution.

"Dr. McCalla, after reading many favorable reports, especially from Europe, had tried H-M-C in one case of abdominal surgery with very disagreeable symptoms during the anesthesia, followed by vomiting and other post-operative disturbances. The one experience had frightened him away from further use of the drug.

"Dr. Taylor thought the idiosyncrasy was usually due to the hyoscine. In regard to the asphyxia of child, he had found asphyxia in fully fifty per cent of cases where H-M-C was not used."

On receipt of the above we at once set about an investigation. The Dr. Kellogg mentioned proved to be W. R. M. Kellogg, of Seattle, Wash., from whom we have received a letter from which we make the following quotation:

"The case yhich I reported at the meeting of the Idaho State Medical Association was of a woman who was a patient of Dr. Ivar Janson, Eltel Bldg., Seattle, Wash. Dr. Janson referred this woman to a specialist, Dr. Hemmeon, 704 Alaska Bldg. of this city, on account of a growth in the larynx. Because of an obstruction they proposed to do tracheotomy and gave her one of your tablets as an anesthetic. She died immediately, and both physicians believe that the tablet was the cause of her death.

"(Signed) W. R. M. KELLOGG."

However, Dr. Janson contributes the following:

"The patient, Miss Martison, was suffering from a carcinoma of the larynx and I decided to perform tracheotomy to relieve the dyspnea. I ordered the nurse to give one of the tablets of H-M-C compound two hours before I came up and one repeated an hour before. The respiration had been carried on with great effort before this, and consequently when narcosis was induced and no one to watch the patient the voluntary effort at breathing ceased and the result was suffocation. When I arrived the patient was dying. I hastened to the operating room and opened up the trachea, introducing a tube and using artificial respiration, but in vain, as the patient had expired on the way to the operating room. This can in no way be attributed to the use of the tablets. It was purely a matter of narcosis induced and suffocation resulting, as much so as any form of mechanical strangulation would have been.

"(Signed) IVAR JANSON."

Up to the time of writing we had not been able to secure a report from Dr. Hemmeon, but Dr. Kellogg is evidently mistaken in so far as the assertion that both the physicians attributed the death to the anesthetic.

Dr. Compton, in a letter to us, supplies a bit of evidence which singularly enough was omitted from the report of the meeting, and that is, that none of the children who showed asphyxia died.

Dr. Hinman was located as F. Hinman, M. D., of Spokane, Wash. From a letter from him to The Medical Sentinel we quote the following:

"At this meeting I reported knowledge of three infant deaths in other men's practices at Davenport, Wash., following the administration of the H-M-C tablets to the mother during

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confinement. The three deaths I stated occurred shortly after birth, two days in the longest case, from asphyxiation, and the tablet was held responsible for the fatal outcome in each case. Dr. Abbott has been misled by the printer's error in reporting the deaths from Davenport, Iowa. No doubt Dr. Abbott can learn of still other fatalities that have occurred following the use of this anesthetic, should he care to send to Davenport, Wash., 'again to investigate.' However, I have written knowledge about which there can be no mistake for the statement in regard to the three cases in dispute.

"(Signed) F. HINMAN."

Two other journals besides The Sentinel published this report in identically the same language, and all gave the address mentioned by Hinman as Davenport, Iowa. It was not a printer's error, nor could we be expected to know that some other Davenport was intended, especially since it was not located in the state whose Society was meeting. We have, however, located two of these alleged cases, in the practice of Dr. H. J. Whitney, of Davenport, Wash. We quote from a personal letter from Dr. Whitney:

"I have had two deaths of infants which I attributed to the H-M-C tablet. One was a case like this: First confinement, woman 22 years old. I gave her one No. 1 some six hours before confinement; she labored well and hard, pains steady—I thought everything went beautifully; child born naturally, but asphyxiated. I brought it around, but it only lived about twenty minutes; went into a spasm and died. When I went to see the mother she was nearly pulseless, and I worked with her for four hours before I brought her out of it. Now this was six hours after the No. 1 was given. My other case was similar, only I used No. 2 and gave two hypodermic injections, three hours apart. Normal labor; child asphyxiated and died in about one hour. Dr. Moore lost one the same way, so he reported to me. Quite a number of doctors here have had the same results, and we are afraid to use them very often; still I am using them, but in much smaller doses. A No. 2 I use in two doses. I really like them but think they should be given in small doses in obstetrics, much more so than they have been.

"(Signed) H. J. WHITNEY."

Acting upon Dr. Hinman's suggestion to investigate in Davenport, Wash., we have done so. We have written to Dr. Moore, asking for particulars as to his case, also to every other physician in Davenport, Wash., in order that we may not lose the opportunity of recording any deaths that may possibly or probably be assigned to the H-M-C. Dr. Moore's should be the case which Dr. Hinman mentions as having died two days after the birth. The details of such a case would be exceedingly interesting. Hyoscine is so rapidly eliminated that not a trace of it can be detected after the third urination of the infant following the administration of the tablets to the mother during labor; hence if this death were due to this combination, it must be attributed to the morphine.

But Dr. G. W. H. Moore, of Davenport, Wash., contributes the following data:

"So far as I know there never has been a death in this locality that could in any way be attributed to the H-M-C. I have used it in sixty-two obstetric cases and twenty operations, with only the very best results; and expect to continue its use." Further he says: "I think it can be shown that the cases in which Dr. Whitney

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blames it were both premature births. The third case mentioned did not occur in my practice.

"(Signed) G. W. H. Moore."

Dr. R. P. Moore, also of Davenport, Wash., writes as follows:

"I know of no deaths that have occurred from the use of the H-M-C tablets by asphyxia, but doctors tell me they have had trouble in getting some of their babies to breathe. As for my own experience, I have only used it in two cases. In the first I only used one-half tablet and the child breathed in a short time; in fact I have had a number of cases where no tablet was used, when it was as long before the child breathed as in that case, so I paid very little attention to it. In my second case I gave one tablet and when the child was born it was apparently dead, but after working heroically and using every means known to me for, it seemed, at least half an hour, I finally resuscitated it. I then and there laid my tablets to one side, and swore that I never should use them again in my confinement cases. I believe they are all right in minor surgical cases.

"(Signed) R. P. MOORE, M. D."

It is well known that asphyxia is not an infrequent occurrence among the newborn, even when no anesthetic whatever has been used, and that in a certain proportion of cases it is fatal. Consequently we can only attribute asphyxia to the anesthetic where the symptoms unmistakeably point to the latter as the cause, or when such fatalities occur in larger proportion than when no anesthetic is used, or when some other agent, such as chloroform, has been used. It is therefore not by the study of isolated cases, but by grouping them in masses, that we can get at the exact truth in this matter. We therefore refer our readers again to the report of Gauss, published in Clinical Medicine last May. In one thousand labors conducted under this anesthetic method, twenty-nine infants died. Not one of these deaths could Gauss attribute to the anesthetic. In one thousand cases previously attended without this anesthetic, forty-nine of the infants died. It will be seen, therefore, that far from the mortality of infants being increased by the use of this anesthetic method, a decrease occurred so marked that we cannot reasonably object to its being credited to the anesthetic.

These cases must therefore be recorded as deaths from asphyxia after the use of the H-M-C anesthetic, but so far no evidence has been given to show that this was the sole or even a contributing cause of the children's death. We again appeal to Dr. Hinman to aid us in locating that remarkable third fatal case, and the others at which he hints. It looks as if he had allowed himself to quote rumors as undisputed facts, in a manner calculated to throw discredit upon a therapeutic method and its advocates.

More than three millions of the H-M-C tablets have now been placed in the hands of the medical profession in America, and as yet we await the first evidence of a single death unquestionably to be attributed to this anesthetic. We have never made any claim that no deaths could possibly result after its use, nor that so powerful an agent, used by all sorts of physicians, with all degrees of recklessness, could not under any conditions possibly determine the death of the patient. We are waiting, and willing, to record such a death when it is reported. But according to H. C. Wood, Jr., there should have been thirteen thousand five hundred and seventy-five deaths

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following, on his average of one for every two hundred and twenty-one. There is evidently something wrong somewhere. In the meanwhile we may with edification turn to Prof. Littig's investigation of anesthesia fatalities in the State of Iowa. If seventy-seven persons died from the effects of chloroform and ether in that state, how many died all over the United States?

DR. W. C. ABBOTT.

Chicago, Ill.

Infantile Splenic Infection with Leishman-Donovan Bodies.

C. Nicolle and E. Cassute (Presse Med., Feb. 8, 1908), describe some observations made by them in cases of splenic infection in children similar to the so-called kala-azar which is seen in adults in tropical countries. This rare disease begins with fever, progressive anemia, extreme emaciation, digestive troubles, and hypertrophy of the spleen. In the spleen, liver, marrow of the bones, and glands is found a parasite called the Leishman-Donovan body. It consists of a rounded, unpigmented organism, having two chromatic bodies within it. It is found within the cells. Diagnosis of the disease can be made only by puncture of the liver and examination of the specimen obtained. The disease is not found in France or other European countries. But the authors have observed similar symptoms and similar parasites in a small number of cases among children in the French possessions in Africa, and consider it possible that cases may be imported from there into France. The disease observed by them attacked only children under two years of age. It was fatal in every case so far observed. The author believes that there is a special form of infection of children of the Mediterranean region similar to kala-azar, from which it is to be distinguished by the age of the victims, and which is identical with splenic anemia of children.

Rest Treatment in Chorea.

John Ruhrah (Arch. of Ped., Feb., 1908), finds a rest treatment the best for chorea and an increase in weight most important. He keeps the child in bed, however slight the movements, until they have ceased entirely and weight has been gained. The mild cases are moved into the sun room during the day; the more severe are isolated. At first a milk diet is employed for several days until other food is asked for or the digestion seems good. Then solid food is added gradually. The bowels are kept open, beginning with a dose of castor oil and later using enemata or drugs. Little medication is given; dilute hydrochloric acid if the tongue is coated; iron for anemia, either Bland's pill or solution of iron and manganese peptonate; arsenic only for anemia; salicyl derivatives if there have been rheumatic symptoms. In mild cases the movements cease in two or three days; in average cases, in a week or ten days; in severe cases, in two to three weeks. The patient is kept in bed until all choreiform movements, tested by holding out the arms with fingers extended, have disappeared, and until weight has been gained. The child is put back to bed if movements return. In the last forty cases only one was not cured.

Free ammonia in the urine of a diabetic is a bad prognostic sign and its presence is a contraindication to operation in diabetic gangrene, for it shows the presence of beta-oxybutyric acid in the blood.—American Journal of Surgery.

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Personal

Oregon.

Dr. J. A. Fulton, of Astoria, was in Portland last month.

Dr. G. W. Barnes, of Medford, has moved to Central Point.

Dr. M. K. Hall, of La Grande, was in Portland last month.

Dr. J. B. Kelly, of Brownsville, visited in Eugene last month.

Dr. Everett Mingus, of Marshfield, has moved into a new office.

Dr. Henry J. Minthorn, of Newport, was in Portland last month.

Dr. E. D. Steincamp, formerly of Granite, has moved to Sumpter.

Dr. DeWitt A. Payne, of Eugene, has purchased a new residence.

Dr. W. L. Marsden, of Burns, was a visitor in Portland last month.

Dr. Thom, of Silver Lake, has recently moved into his new home.

Dr. H. C. Dodds, of Dufur, was a visitor at The Dalles last month.

Dr. Geo. H. Merryman, of Klamath Falls, was seriously ill last month.

Dr. Wm. H. Snook, of Madras, is sinking a deep well on his property.

Dr. Hugh Logan, of The Dalles, visited his son at La Grande last month.

Dr. T. W. Harris, of Eugene, made a professional trip north last month.

Dr. W. B. Morse, of Salem, has recently procured a new automobile.

Dr. S. D. Taylor, of Vale, has exchanged his residence for a ranch.

Dr. G. W. Stevenson, of Medford, is visiting his old home in Montana.

Dr. Charles Hines, of Forest Grove, has been nominated for the legislature.

Dr. S. D. Briggs and family, of Arleta, have moved into their new home.

Dr. R. W. Logan, of La Grande went to The Dalles on business last month.

Dr. W. W. P. Holt, of Eagle Point was doing business in Medford last month.

Dr. G. W. Gregg, of Wallowa, was elected mayor of his town last month.

Dr. D. A. Paine, of Eugene, went to San Francisco to get a view of the fleet.

Dr. and Mrs. F. B. Kistner, of Heppner, were visitors in Portland last month.

Dr. J. S. Bishop, of Forest Grove has had his picture published in his local paper.

Dr. Willard W. Smith, of La Grande, who is in Arizona, is improving in health.

Dr. W. E. Brownell, of Elgin, visited relatives last month in the Yakima country.

Dr. O. D. Doane, of The Dalles was calling on his friends in Portland last month.

Dr. Lulu M. Marquam, of Eugene had a serious attack last month of pleuro pneumonia.

Dr. L. W. Brown, of Eugene, was in Portland last month to assist in a surgical operation.

Dr. and Mrs. Augustus W. Kinney, of Astoria, had a honeymoon trip to Portland last month.

Dr. Geo. O'B. DeBar, of Eugene, was attending a Masonic council in Portland last month.

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Dr. H. J. Kavanaugh, of Albany, went to Harrisburg last month to assist in an operation.

Dr. J. L. Hill, of Albany, was in Portland last month as a witness in a personal injury case.

Dr. F. M. Carter, of Newport, was in Portland last month as a witness in the Logan murder trial.

Dr. W. E. Brownell, of Elgin, made a trip last month to Portland, Seattle and other Sound cities.

Dr. A. L. Richardson, of La Grande, has been making extensive improvements around his residence.

Dr. W. G. Cole, of Pendleton, had a quick and rough trip to Pilot Rock last month to see a patient.

Dr. E. W. Barnes, who has recently located at Central Point, will be joined by his family during the summer.

Dr. W. H. Dale, of Harrisburg, has ordered a new automobile which, it is stated, will be the first one in town.

Dr. and Mrs. Andrew C. Smith, of Portland, went to Seattle last month to attend the silver jubilee of Bishop O'Dea.

Dr. and Mrs. M. K. Hall, of La Grande, entertained their friends in honor of their little daughter's birthday, last month.

Dr. E. L. Fletcher, formerly of Eau Claire, Wis., has removed to Eugene. He will make a specialty of eye, ear, nose and throat.

Dr. Jay Tuttle, of Astoria went to Hood River last month to assist in instituting a new commandery of the Knights Templars.

Dr. F. W. Whitney, of Elgin, has returned from London, Ontario, where he was called for the fatal illness of his mother.

Dr. F. A. Lieuallen, of Adams, expects to leave soon for New York, where he will take a post-graduate course, and return in the fall.

Dr. Truax, of Ohio, will look after the practice of Dr. Brown at Scio for some time, Dr. Brown having started on a three months' trip East.

Dr. E. W. Barnes, of North Powder, having been away from his home town for some months, has returned and once more settled down to work.

Dr. W. E. Evans, of the State Asylum, was down with diphtheria last month. The disease broke out among the children in the idiotic ward.

Dr. Thomas Parker, of Klamath Falls, has retired from practice for a time, and intends to go to Alaska, where he will stay for some time.

Dr. V. B. Gregory has located in Huntington to practice in association with Dr. Spencer. Dr. Gregory was formerly surgeon in the U. S. Army, and later removed to Brigham City, Utah, where he has been practicing for some time.

Dr. Millard B. Taylor, of Grass Valley, has left for the East to take a post-graduate course. The Doctor will visit his relatives in Knoxville, Tenn., before returning home in June. While he is away, Dr. Petit will take charge of his practice.

Washington.

Dr. A. A. Higgs has moved from Soldier to Gooding.

Dr. James H. Ragsdale, of Leland, visited in Clarkston last month.

Dr. P. S. Byrne, of Spokane, is erecting a new $5000 residence.

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Dr. A. C. Steckle, of Collins, was visiting in Goldendale last month.

Dr. Appleby, of Anacortes, had a visit from his parents last month.

Dr. E. C. Story, of Montesano, was doing business in Tacoma last month.

Dr. and Mrs. C. M. Erb, of Bellingham, were callers at Everson last month.

Dr. and Mrs. C. M. Buchanan, of Tulalip, visited in Everett last month.

Dr. and Mrs. F. M. Bell, of Kelso, have moved to their homestead in Oregon.

Dr. J. A. Dix, of Garfield, was called to Pullman last month to see a patient.

Dr. H. H. Gray, of Hadlock, called on his friends in Port Townsend last month.

Dr. F. N. Crosby, of Kennewick, has moved his office into more satisfactory quarters.

Dr. H. M. French, of Prosser, has traded a residence for a wheat farm. Dr. French will build another house for himself.

Dr. and Mrs. O. E. Beebe, of Everson, were in Bellingham last month. The doctor had charge of an operation on a patient.

Dr. and Mrs. F. M. Rossiter, of North Yakima, entertained their friends last month in honor of visitors from New York.

Drs. Butler, Maloney and Appleby have sold their interest in the Anacortes hospital to Miss Cora Smith and another trained nurse.

Idaho.

Dr. T. A. Kimmell, of Payette, has returned from an extended visit in the East.

Dr. and Mrs. F. A. Campbell, of Grangeville, visited for two weeks last month in Moscow.

Dr. W. F. Howard, of Pocatello, is in Chicago, taking a post-graduate course at one of the hospitals.

Dr. O. J. Allen, of Bellevue, attended the annual session of the State Board of Medical Examiners at Coeur d'Alene last month.

Dr. Alexander Hunter and Dr. Durland, of Coeur d'Alene, have bought an interest in a local hospital, and will manage it in the future. Drs. Craike and Scallon still retain their interest in the institution.

Necrotic Anginas and Perforations of the Soft Palate in Scarlatina.

P. Lereboullet (Le Prog. Med., Feb 8, 1908), describes a complication of scarlatina, occurring among young children, of which he has observed five cases. There is an exudation resembling diphtheritic membrane over the tonsils, the examination of which shows no diphtheria bacilli, but only streptococci, which seem by an especial virulence to be the cause of the exudation. The fever is high, the glands may be enlarged, and the general condition is bad. After some days the membrane clears up and leaves a necrotic area on one or both tonsils which may extend to the pillars of the fauces, soft palate, and roof of the mouth. The palate may be ulcerated and perforated. The larynx is never involved, but the nasal fossae may participate in the exudation, and a coryza appear. Difficulty in deglutition and phonation are absent. The tissues show little inflammatory reaction, and repair, when it occurs, is rapid.

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MEDICAL SENTINEL

JUNE
1908

Volume XV **Number 6**

Notes

The Seattle physicians gave a very pleasant banquet to the surgeons of the United States fleet during the recent visit of the fleet to the Sound City.

The 39th annual meeting of the American Medical Editor's Association was held at the Auditorium Hotel, Chicago, on the 30th ult. and 1st inst. Needless to say, a brilliant time was had and those present enjoyed themselves thoroughly.

During the past month some activity has been shown in Portland in the moving from his field of labor of at least one medical fakir. Letters found in his possession showed that one of his missions in life was to sell pills as a remedy for baldness!

The annual meeting of the Eastern Oregon District Medical Society will be held at Haines, Ore., Thursday, July 23d, 1908. Dr. W. J. May has recently completed a handsome and capacious building at Radium Springs, Haines, Ore., and proffers hospitality to all.

Judging from the local papers, our friends at The Dalles have a rather hard case of an advertising doctor whose specialty is chiropractic. He agrees to "promptly relieve and permanently adjust all kinds of chronic and nerve troubles." There should be a law to get after this man.

On May 11th an interesting session was held by the Whatcom County Medical Society at Bellingham. A paper on "Operations by Choice, and Operations by Necessity," was read by Dr. C. N. Suttner, of Walla Walla. President of the State Medical Association. A banquet was held after

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the meeting, at which the usual toasts were eloquently responded to. There were twenty-eight physicians in attendance.

The Southern Oregon Medical Association held a very successful meeting, Tuesday, the 12th of May. and the following officers were elected: President, Dr. A. F. Sether, Glendale, Ore.; Vice-President, Dr. E. J. Page, Oakland, Ore.; Secretary and Treasurer, A. C. Seely, Roseburg, Ore.; Delegate, A. C. Seely, Roseburg, Ore.; to read a paper at State Association, Dr. F. W. Van Dyke, Grants Pass, Ore.

The warm weather is coming, and the suggestion is appropriate that this is a good time to overhaul one's armamentarium, and be prepared to cope especially with the infantile diseases that are prevalent during the hot weather. Thousands upon thousands of unfortunate little children die during the summer months who need not die if they are properly cared for. The medical profession has grave responsibility in the premises.

At the Seattle exposition to be held next year, a Medical and Surgical building is to be constructed which will cost something over $20,000.00. There exhibits will be collected, showing the progress, standing and advancement of the world in medical and surgical science. Several hundred manufacturers of the United States will exhibit latest surgical and medical instruments and devices. It will be made the physician's headquarters and will provide everything that they need for their convenience while attending the exposition.

At the recent graduating exercises of the Medical Department of the University of Oregon, in Portland, the following named persons graduated: Helen Book-Babcock, Minnie Bell Burdon, Arvid Bursell, Harry Mon Hendershott, Robert E. L. Holt, Louie Hugh, William Frederick Kaiser, Soren Mathiesen Kyde, Herbert Clay Lieser, Miles Underwood Lieser, John Wallace McCollom, Edna Bishop Northey, Frank Shumway Pratt, Carl George Rahal, Albert Roy Sargeant, Burlington Earl Smith, Flowd Fisher Smith, Leatha Ruth Tyler, Eldred Byron Waffle, Charles Benjamin Zeebuyth.

The Portland City and County Medical Society at the last meeting of the season elected the following officers to serve for the ensuing year: President, Dr. Andrew C. Smith; vice-president, Dr. W. T. Williamson; secretary, Dr. George S. Whiteside; treasurer, Dr. J. C. Elliott King; board of councillors, Dr. N. W. Jones, Dr. Calvin S. White and Dr. Ernest F

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Tucker. Nine delegates were also chosen to the state medical convention, which is to be held in this city in July. The sentiment of the society was favorable to a continuation of the crusade inaugurated last year against unlicensed practitioners, and the newly elected officers expressed their intention to prosecute all offenders against the law of the state which requires all who practice medicine or surgery in the state to appear before the State Board of Medical Examiners.

An article which appears in a recent issue of the Walla Walla Bulletin, without any advertising marks to indicate that it is not an editorial utterance, must tend to bring secular newspapers into disrepute with many thinking people. This article tells with big headlines of a certain visiting doctor whose perceptive faculties are so well trained "that he tells at once every disease of the human body and precisely what condition of health or disease exists; detects and describes every symptom, ache and pain, gives a full history of the case from beginning to end! tells so plainly that you know he is correct. You learn the prospects of health or the dangers of death, whether a cure is possible or impossible. He astonishes everybody by his wonderful and correct knowledge of disease—is so plain, and his power to heal so great that speedy cure is absolutely certain." The article states further on, which is undoubtedly very true, that perfect knowledge of disease is power. There seems to be something in the makeup of a good many editors of country newspapers, to say nothing of the newspapers published in larger cities, which makes them especially amenable to the influences of the traveling doctor who has money to spend for advertising.

The commencement exercises of the North Pacific College of Dentistry were held May 21st in the Heilig Theater. The class of 1908 numbered forty members. The commencement address was delivered by M. C. George. Dr. Joseph A. Pettit presented the diplomas. The charge to the graduates was given by Dr. Robert C. Coffey. Musical selections were rendered by Mrs. Walter Reed, Miss Kathleen Lawler, and Dr. George Ainslie. Following is the roll of the graduating class: George Edward Barton, Van Robert Bilyeu, Charles Clifford Burrow, Donald Campbell, Fred Edward Casey, Arthur L. Cornell, Elmer Elbert Cummins, Harvey Lincoln Cummins, Charles William Endicott, Rufus Sidney Eshelman, Wilbur Willard Faulkner, Walden Irving Ferrier, Alfred Evan George, Lawrence Egbert George, Orr Cecil Goodrich, Huber Vincent Guiberson, Charles Augustus Haentze, Henry Villard Hatfield, Frank Landrine Ingram, Coalby Smith Long, Marshall Young Lucas, Arthur Truscott MacMillan, Lorne Gilmore McAloney, John Robert Marshall, Martin Louis Milligard, James Riley Morgan, Stanley Casper Peters, Maurice Francis Power, Benton Percy Rand, Thomas James Rederich, James Vinton Scott, Thomas Benjamin Short, David Vaughan, Otto Floyd Vinson, Frank Albert Voge, Lee Arrington Wells, Oliver Howell Whaley, Arthur Hall Williams and Paul Christian Yates.

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Editorial Notes

The Fee Bill.—How about the fee bill? Do we want it or don't we? The profession generally has been led to suppose that a fee bill was a good thing to have around. If the patient objected to the charge that is made, point to the fee bill, and show that the charge is regular. But there are times when the busy surgeon feel that he should charge more for an operation than is stipulated, and then he desires the fee bill to be in the background. On the other hand, there are others who charge less than the fee bill prescribes, and point to the regular charges to show that cut rates are prevailing. The dear public is so busy every day consulting the daily newspapers, and looking for bargains at the stores, that it dearly loves to feel that it is getting things cheap. Are we to assume that this feeling is totally absent when the question of paying the physician is involved? Theoretically a man should be pleased to pay what is set down on the bill, for the care of wife or child or his own dear self. Actually, it does not always work out that way. When the patient has recovered; when the weary days are over after a surgical operation, a very large proportion of people would like to cut down the doctor's fees. The fee bill is not of much use at such times, say those who would abolish it. A paper on this subject recently read at Tacoma by Dr. J. J. McKone said that one objection he had to the fee bill was that the cheap man uses it for his own ends. He says to his patient—"you can see what so-and-so charges," pointing to the fee bill, "but I'll do it for so much." Then, too, the fee bill is a dead letter very often in view of the large number of people who are served by a physician under a contract system. Many people have questioned the advisability of having a fee bill, but few have ha the temerity to come out so openl against it as Dr. McKone.

Dr. McCormack Foiled.—While gi ing Dr. J. N. McCormack, of Kentuck due credit for all the good work h has done in getting Kentucky me ically organized, we regret that th Governor of that state has seen fit veto two bills, prepared by the Docto and which were endorsed by the e tire medical profession of that stat If the reports are to be believed, D McCormack had the former governo pretty well under his thumb, and may be that this governor, even at th risk of doing a wrong to the stat proposed to show that he is not fo lowing in the footsteps of his pred cessor. Dr. McCormack is so aggre sive, and his heart is so thorough in the work of organization, that h has accomplished wonders, and du credit should come to him. But looks as though somehow a cog ha slipped and for once he is grindi his teeth in despair at a tempora defeat of his good purposes.

Progress in Seattle.—It looks ve much as though the health depa ment of the city of Seattle was bei organized on lines which will secu the greatest amount of efficienc Much credit is due the medical pr fession in our sister city for havi wakened up the city authorities the importance of prevention of d ease. They seem to have giv Health Commissioner Crichton su cient authority, so that he is enabl to go ahead and organize his depa ment along the most satisfacto lines. The city is being divided in a number of districts with a sanita inspector for each district. If th large corps of sanitary inspecto

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medical inspectors, chemists, quarantine officers, meat inspectors, milk inspectors, rat poisoners, rat catchers, laboratory experts with their assistants, school inspectors, stenographers and clerks do their full duty and work as though they took an interest in their work, we may certainly expect that Seattle will be a model city from a sanitary standpoint.

The 1909 A. M. A. Meeting.—It will always be a matter for regret that the enterprising people of Seattle did not make strenuous efforts to secure the 1909 meeting of the American Medical Association for their city. It may be that they would have failed in their efforts, but at least it would have been worth while to make an attempt. The 1905 meeting in Portland was so great a success,and was of such great benefit to the Pacific Coast, that it was certainly worth while for our Seattle friends to emulate the work of the Portland men to secure what they went for in 1904. It is so unlike Seattle to fail to try to get something that is in sight, and we hope some day to have an explanation of their present lack of interest in this subject.

Our Medical Schools.—At the recent meeting of the American Medical Association in Chicago, Dr. J. N. McCormack, of Kentucky, who is well known on the Pacific Coast amongst the medical fraternity, made the statement that most of our medical schools always represent the least progressive activity of the profession. This statement will, of course, be energetically combatted by all those who control the medical schools of the nation, and it certainly would seem that while this characteristic may be correct as applied to some medical schools, it does not seem to be fair to bring "most" of them into this unenviable category. This particular expression of Dr. McCormack may, however, be allowed to pass without further comment. Perhaps his statement will be less open to dispute wherein he claimed that the schools have failed to grasp the importance of teaching their students the fundamental principles that are involved in real medical organization. Dr. McCormack claims that the very serious questions as to how the physician may legitimately obtain practice when his location has been selected, how he should conduct himself in relation to other physicians, how and when he should collect his accounts, why he should join the organization and keep up his studies, the evils and dangers to both him and the public of lodge and contract practice, the downright dishonesty of commissions and divisions of fees—these and similar problems, will at once confront him in the complex life which he is entering, as they did his teachers before they became prosperous, and on their proper determination his success and usefulness as a physician and citizen will depend, and yet in all the past students have been turned out without instruction on these subjects.

The Council on Medical Education has a great work before it. The question of the education of our young fills a large place in the thought and life of the American people. Certainly the education of the future physicians of the country should occupy no second place.

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THE MEDICAL SENTINEL

HENRY WALDO COE, M. D. Editor
PORTLAND, OREGON

With the Collaboration of the Officers of The State and District Medical Societies of Oregon, Washington, Idaho, Montana and Utah

Address all communications regarding papers, subscriptions, advertising or business mat ers to the MEDICAL SENTINEL, Marquam Building, Portland, Oregon

PROMOTING PUBLIC HEALTH

The American Health League is an organization composed of physicians, ministers of the gospel, and laymen, whose reason for existence is fairly well explained in its name. It publishes a monthly periodical entitled "American Health," and carries as its motto upon its front page the statement of President Roosevelt that "the preservation of national vigor should be a matter of patriotism." It is very evident that the purpose of this organization is to supplement the efforts of the physicians of the country to promote the health of the people by preventing disease. It has a committee of one hundred, to which is delegated the carrying out of the purposes of the organization, and doubtless small sub-committees will work in special lines to secure this desired end. We notice that Luther Burbank is a member from California of this committee, and the Rev. W. G. Elliott, Jr., of Portland, is the Oregon member. Our neighboring state on the north does not seem to be represented, but certainly it is not because our Washington friends are not as highly interested in the matter as anybody else. Dr. Geo. H. Simmons, of Chicago; Dr. Frank Billings, of Chicago; Dr. Phillip Mills Jones, of San Francisco, and Dr. J. N. McCormick, of Bowling Green, Ky., are also among the hundred, thus indicating that it is smiled upon by the American Medical Association. It is the opinion of the organization that the death rate of the United States might be cut in two, if the people would apply the existing knowledge of hygiene to their living conditions.

Federal and state legislation is looked for, and under our popular form of government, as the passage and enforcement of laws rest on public opinion, all that is needed to secure legislation of the desired character is to mould public opinion in the right direction. Something has been done in the large cities to improve the tenements of the poor, but the work has only begun. The expenditure of a few millions of dollars will increase the physical health of this country enormously. Money is expended wisely by the nation to protect our forests, but the greatest asset of all, the physical health of our citizens,

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is neglected. Attention is called to the fact that while the department of agriculture spends $7,000,000 on plant health and animal health every year, it practically spends nothing for promoting the physical well being of babies. Tens of thousands of dollars have been expended in stamping out cholera among swine, but not one dollar for eradicating pneumonia among human beings. Hundreds of thousands are consumed in saving the lives of elm trees from the attacks of beetles; in warning farmers against blights affecting potato plants; in importing Sicilian bugs to fertilize fig blossoms in California; in ostracizing various species of weeds from the ranks of useful plants, and in exterminating parasitic growths that prey on fruit trees. In fact, the Department of Agriculture has expended during the last ten years over forty-six millions of dollars. But not a wheel of the official machinery at Washington was set in motion for the alleviation or cure of diseases of the heart or kidneys, which will carry off over six millions of our entire population. Eight millions will perish of pneumonia, and the entire event is accepted by the American people with a resignation equal to that of the Hindu, who, in the midst of indescribable filth, calmly awaits the day of the cholera.

The members of the medical profession who have been working along this line for many years will wish the American Health League God-speed in their work.

Medical Sentinel Editorial

THIRTY-FOURTH ANNUAL MEETING OE THE OREGON STATE MEDICAL SOCIETY

The next meeting of the Oregon State Medical Society, which is to be held July 1st, 2nd and 3rd, promises to be one of the most interesting programs the Society has had for some time. In addition to the scientific features, there will be more than the ordinary amount of time and energy given to special features.

Dr. George Crile, of Cleveland, Ohio, who will be the particular guest of honor from abroad, is without a superior as an original investigator and scientific surgeon in the American profession. His work along the lines of the nature of shock, as well as its treatment and prevention, has revolutionized our ideas on this subject, and his work has been recognized all over the world as a classic. In addition to this, by experiments, he has proven the feasibility of direct transfusion of blood, and has put it into clinical practice by methods which he has worked out, and has thus added a valuable agent for life saving. His work on "Surgery of the Neck" has put cancer surgery of this neighborhood on a basis similar to surgery for cancer of the breast.

Dr. H. C. Moffit, head of the department of medicine of the University of California and one of America's leading internists, will give one of the principal addresses.

During the course of the meeting there will be a paper from Dr.

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Ralph C. Matson concerning opsonic index and blood work, which will open the eyes of many of the members of the medical profession, and be one of the greatest advances in our therapeutics that has developed for a long time.

The question of treating certain inflammatory conditions by regulation of the blood supply, namely, Biers' "Method of Hyperemia," will be discussed. This is also a recent development, and one which has added greatly to our therapeutic results, and one which can be practiced by every general practitioner.

Dr. Frank J. Sladen, of Johns Hopkins, will give a paper on the results of Flexner's Antimeningitis Serum in the treatment of Cerebro-Spinal Meningitis.

Dr. C. A. Veasey, who will speak on The Treatment of Simple Chronic Glaucoma, is a teacher of ophthalmology in Jefferson Medical College, and is author of a text book on the subject.

One-half day will be devoted to the discussion of medical organization and medical education. Members from the surrounding states will be invited to be present and participate in the discussion.

One of the principal features of the meeting will be devoted to matters of public interest, in which one of the public theaters will be arranged for an afternoon and the general public be invited to be present and participate. Part of the papers will be by doctors interested in public health matters, and two will be by prominent laymen. It is thought by the Councillors and program committee that there is no way to reach the public so well as to invite them to this meeting, to hear what is being done in the line of public health, and what can be done.

Portland is fortunate in having a number of most influential citizens who are enlightened on the subject of hygiene. One of them, Mr. A. L. Mills, who is President of the First National Bank of Portland, and the principal mover in the Open Air Treatment of Tuberculosis, will address the meeting on "What the Public Can Do in the Fight Against Tuberculosis." While Mr. W. D. Fenton, attorney for the Southern Pacific Railway Co., will speak on "The Legal Aspect of Public Health Question." Dr. E. E. Heg, State Health Officer of Washington, will speak on "Municipal Sanitation." This we expect to be interesting, inasmuch as Dr. Heg has recently spent considerable time in Europe studying the question.

The papers by Drs. R. C. Yenney, C. J. Smith and Andrew C. Smith, and W. T. Williamson, on the special subjects assigned to them, will of course be handled in their usual masterful manner.

The papers will be written in such a form that they can be published in the lay press, under the supervision of the State Committee appointed for that purpose.

The half day devoted to medical education and organization will include such matters as medical colleges, medical boards, reciprocity between our Northwest states, etc., and should be one of great interest to the profession of the Northwest.

The Committee of Arrangements, of which Dr. R. C. Yenney is Chairman, are preparing to make the social feature a very strong one, the nature of which entertainment will be given later.

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Some of the papers which will be presented are as follows:

"Peritoneal Surgery," T. C. Witherspoon, Butte, Montana.

"Further Studies of Broad Ligament Plication for Uterine Retroversion," C. N. Suttner, Walla Walla, Wash.

"Gastric Dilatation," Clarence A. Smith, Seattle, Wash.

"Treatment of Simple Chronic Glaucoma," C. A. Veasey, Philadelphia, Pa.

"The Practical Value of Bier's Method of Hyperemia," Everett O. Jones, Seattle, Wash.

"Symptomatology, Diagnosis and Treatment of Arterio-Sclerosis," H. Welland Howard, Prosser, Wash.

"Surgical Interference in Some Obstinate Stomach Troubles," Ira B. Bartle, North Bend, Oregon.

"On True Intestinal Dyspepsia," N. W. Jones, Portland, Oregon.

"On the Principles of Plastic Surgery," J. S. Sternberg, Portland, Oregon.

"Therapeutic Application of Bacterial Vaccines," Ralph C. Matson, Portland, Oregon.

"Manifestations of Syphilis With Which the General Practitioner Should Be More Familiar," Gustav Baar, Portland, Oregon.

"Physiology of the Perineum," Ernest F. Tucker, Portland, Oregon.

"On Hernia," K. A. J. Mackenzie, Portland, Oregon.

S. E. Josephi, Portland, Oregon.

"Three Reasons Why Men Break Down," F. W. Vandyke, Grants Pass, Oregon.

"Practical Methods of Dealing with Quacks and Quackery," Alan Welch Smith, Portland, Oregon.

"Standards of Medical Education," A. C. Panton, Portland, Oregon.

President's Address, "Concentration and Organization of Medicine and Surgery in the Pacific Northwest," R. C. Coffey, Portland, Oregon.

"The Common Ground of the Medical Profession and the Public Concerning Public Health Matters," W. T. Williamson, Portland, Oregon.

"Legislative Difficulties," Andrew C. Smith, member State Board of Health, Portland, Oregon.

"The House Fly as a Menace to Public Health," C. J. Smith, member State Board of Health, Pendleton, Oregon.

"Causes and Control of Typhoid Fever," R. C. Yenney, State Health Officer for Oregon, Portland, Oregon.

"Municipal Sanitation and Its Effects Upon Communicable Disease," E. E. Heg, State Health Officer for Washington, Seattle, Wash.

Address, "The Legal Aspect of the Public Health Question," W. D. Fenton, attorney, Portland, Oregon.

Address, "What the Public Can Do in the Fight Against Tuberculosis," A. L. Mills, Portland, Oregon.

Other prominent men from outside states who are expected to be present are Drs. J. B. Eagleson, Sharpless, Willis of Seattle, Yocum, Bean, and Quevli of Tacoma, Maxey and Nourse of Boise.

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SURGERY IN RELATION TO THF NEURASTHENIC

By W. B. HOLDEN, M. D.

Read before the Portland City and County Medical Society, February 5, 1908

Neurasthenia has been called the neurosis of fatigue. It is a condition of being chronically "tired out."

Neurasthenia is a term often loosely used, and in this paper no attempt will be made to minutely differentiate the different varieties or to sharply define the line of demarkation from some of the allied neuroses; but rather the term will be used as a symptom complex, to describe a large and increasing class of patients well known to us all.

The neurasthenic is largely a product of civilization—one of the penalties of progress. Any prolonged, persistent over-taxation or irritation of the nervous system is the chief exciting cause. Specifically among these factors are over-work, overworry, ambition, excitement, unrest, dissatisfaction, failure to harmonize the disproportion between a one hundred dollar a week taste and a fifteen dollar a week salary, competition in business, social and professional life, competition which begins in the third grade of school and continues to the grave.

Women are more frequent sufferers than men. Women working for wages sooner or later almost invariably develop into neurasthenics, probably because they are more faithful and conscientious than men—at least in proportion to their strength. High School girls are more nervous and fidgety than High School boys, and doubtless have better marks. The average boy will have his play even if his standing is jeopardized.

A mother's rest may be interrupted from three to six times a night for years in watchfulness over her children, while the father habitually sleeps through it all. Arduous, persistent, eternal vigilance on the part of the mother one would think would be more likely to result in the aches and pains of neurasthenia than a prolapsed ovary or a slightly movable kidney. Any chronic irritation, as eye-strain, painful hemorrhoids, fissure in ano, stone in bladder, painful urethral caruncle, chronic auto-intoxication, etc., may superinduce the neurasthenic state.

The following conditions in neurasthenia demand more consideration than their accidental discovery, viz: floating kidney, prolapsed ovary, retroversion of uterus, tenderness over McBurney's point, slight cystocele, moderate lacerations of cervix and perineum. The consideration of these and similar conditions is the chief object of this paper.

To differentiate functional from organic disease often requires great

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, and occasionally the wisest are deceived. Suggest to a neuras-
ic that she has appendicitis, even when she has not, and she will
r rest until it is removed. Tell her she has a movable kidney and
ixation will soon be demanded. To her mind, and too often to
mind of the physician, the discovery of a tender ovary, especially
ssociated with any pelvic pain or dysmenorrhoea, is sufficient evi-
e for its excision. Thus it may proceed until, as Mayo says,
ery fixable organ is fixed, and every removable organ is removed."
sibly an operation or two more is done to relieve the pain due to
esions. Adhesion is a word of great meaning to these struggling
erers. Too many of them ultimately drift to the osteopath or
istian Scientist, to the discredit of surgery.

Neurasthenics readily consent to surgery. They are sufferers.
y are seeking relief, and will take great risks to obtain it. Often
few weeks' rest in bed after the removal of a normal appendix
efits them to the extent of the rest in bed—not because the ap-
dix is out. The temporary relief after the first operation en-
rages them to undergo the second and third. W have all seen
numerous scars on these veterans.

A single woman, age 22, of bad heredity, and worse environment,
iled by an over-indulgent mother, **was fidgety** and nervous. Curret-
t with no relief was speedily followed by the removal of both nor-
ovaries. This is not ancient history, but occurred in 1907 in a
sted surgical center (not Portland), and was done by a surgeon
experience. This young woman would have been more benefitted
sacrificing her nagging mother than her innocent ovaries. Is it
sible that the carnage in healthy ovaries of the early nineties is to
evived?

Uncomplicated retroversion of the uterus is common. It often ex-
without symptoms. Coincident backache, headache and nervous-
s, may be caused by the retroversion. That its correction frequently
s to relieve these symptoms is well known.

Mrs. W., age 25, neurasthenic. Retroversion corrected by a good
geon a few months ago, complains of the very same backache, bear-
down, etc., as before, though the anatomic cure was perfect. At
time she was wearing glasses that were entirely a misfit. A
roverted uterus suspected of giving trouble should be replaced
retained by mechanical support for a few weeks to note the effect
symptoms. If not relieved, look elsewhere for the cause. If re-
ed, operation should be done.

Woman, 44 years, neurasthenic from wrestling with poverty, self-
port and a drunken husband; had her retroversion corrected with-
relief. Six months later subjected to panhysterectomy. Now,
r six months, she has the same symptoms as before the first oper-
n. Nevertheless, she is urged by several doctors to re-enter the
pital for further surgery. If it were possible to overcome her
stipation, clean her up on the outside, give her a little hope of
ter prospects, and send the old man to the rock pile, she might
over. It is a safe venture, however, that within a year she will
e an operation for "adhesions."

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Miss B, age 19, pampered, petted, and spoiled by an indulgent father, came for further surgery. One year before retroversion of uterus had been surgically corrected. Symptoms not relieved. She would have readily consented to the loss of an ovary and paid for it, however being unable to counteract the influence of her false education or to instill into her mind a square, healthy conception of life and its responsibilities, she lost confidence, and neglected to settle her bill.

Carelessness in examination is to be condemned. Nevertheless, as a rule a vaginal examination in young virgin neurotics is unsatisfactory, unnecessary, and may suggest a vicious train of symptoms. In general, such examinations had better be omitted. A lacerated cervix and perineum, unless of high grade, rarely gives rise to neurasthenic symptoms, and their repair often fails to relieve. Patients and physicians are often disappointed over the results following plastic work on the cervix or perineum. "I have waited six months and am discouraged, for I am no better since my operation," is a disheartening report we have all received. If a cervix or perineum is badly lacerated, it should be repaired. Even then the amount of relief is less than expected. The relation between a lacerated cervix and backache, headache, and general nervousness is often difficult of demonstration.

Gross pathological lesions of tubes, ovaries, and appendix in neurotics should be subjected to surgery regardless of the neurotic condition. The nervous symptoms in this class of cases are slow in improvement and are often most distressingly persistent.

R. L. Dickinson, of New York, in the Medical Record of March 24, 1906, published results of his studies of one hundred cases of chronic neurasthenia. He writes from the viewpoint of a gynecologist. Briefly, the summary of his work is as follows: 1. Associated lesions, (a) in the ovary, chronic ovaritis, chiefly microscopic, was found in nearly all; (b) in the uterus, endometritis, usually cervical, was present in the majority of cases; (c) a high degree of sclerosis of the vessels of the uterine walls and those of the endometrium was sometimes discovered in cases of long standing, and the venus enlargements were many; (d) about the vulva certain hypertrophies were noted in two-thirds of the cases; (e) in the bladder, congestion and atony were persistent in a large number.

2. In this class of cases pelvic symptoms are prominent and lumbar pain constant.

3. In almost all of these cases the pelvic disorder is coincident, not causative.

4. Correction of moderate abnormalities of structure and function by prolonged local treatment or by operation lessens pelvic pain very little, and betters the general condition not at all. Treatment should be directed almost entirely to the general condition.

5. Operation on pronounced pelvic lesions is warrantable in a few selected cases, such as persistent and exhausting hemorrhages and the larger tumors, and if thorough-going brings about a revolution in the general condition in a very small percentage of cases.

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6. Anatomic cure frequently fails to bring about symptomatic ıre.

Of Dickinson's one hundred cases 21 had retroversions, 10 of these ere operated upon, all of which were anatomic cures, but with only ırtial symptomatic relief. Soon after they had their operation all n were glad, but "only two were entirely happy about it two years ter."

In conclusion, the following points may be emphasized:

1. The number of neurasthenics of all grades is increasing.
2. Surgical conditions and diseases are seldom causative factors.
3. Surgery as a cure for neurasthenia is generally unwise, disapinting, and bad for the reputation of surgery.
4. Coincident surgical conditions and diseases should be treated e same as in the non-neurasthenic, but with leses brilliant prospects to cure.
5. Avoid suggesting to a neurasthenic operations for trivial and relevant conditions.
6. A neurasthenic after any operation expects a symptomatic cure. 'arn her, or beware.

Test for Bile.

. H. Buhlig, Chicago (Journal A. A.), calls attention to a possible rce of error in the usual Gmelin for bile. It has been the cus- in some places to instruct the ent to heat concentrated nitric with a few pieces of the wood matches, and to heat until the es of the nitrogen oxids arise tly, in this way furnishing the ures of nitric and nitrous acids. acid is then poured into another n, dry test tube and after superosing the urine on the slightly w nitrous acid, the usual play of rs is looked for. An error of rpretation, not of the presence he bile, but of the presence of min, is remotely possible after manipulation. In practically y test made in this way a distinct white ring can be seen between the urine and the acid in non-albuminous urines, sometimes so marked as to suggest the Heller test and a faulty conclusion as to the albumin content of the urine deduced. The ring is probably caused by precipitated resin from the wood by the nitric acid. The same care in diagnosis as to the presence of albumin, must be taken in this test as in the interpretation of the presence of albumin in urines containing resins from copaiba, etc., when using the Heller's test. In the latter instance the ring is usually high, being precipitated from the urine. In the Gmelin test it is usually low, coming from the nitric acid. Buhlig considers this point one of some practical importance, and he has found no mention of it in any of the textbooks on clinical diagnosis.

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THE MOST PREVALENT DISEASE. HOW MAY ITS RAVAGES BE CHECKED?

By C. C. WALLIN M. D.
White Sulphur Springs, Mont.

Read at the first annual meeting of the Montana Public Health Association

The title of this paper is not chosen unadvisedly. The disease to which I would invite your attention afflicts seventy per cent of our male population between the ages of eighteen and twenty-eight. It condemns to eternal darkness thirty per cent of the children in our institutions for the blind. It necessitates from fifty to ninety per cent of the abdominal operations performed on women. Eighteen per cent of sterile marriages are due to its malign activity, and in hopes shattered, families disrupted and happiness destroyed its evil influence is beyond calculation.

Nurtured and disseminated by vice and ignorance, unrestrained by law or public sentiment, the curse of gonorrhea has at length attained such proportions that for those who have eyes to see, and those who have ears to hear, it is impossible longer to neglect its ghastly presence.

With increased knowledge comes inevitably increased responsibility. We now know that gonorrhea is limited neither to the area of first infection in the person who contracts it, nor in the social body to the individual who unhappily becomes contaminated. On the contrary, its effects may manifest themselves at any point in the personal or social system. Thus in the individual, chronic disease of the generative organs, affections of the tissue and the joints, the eye or the nervous system are possible results, while in the social body, depopulation, domestic unhappiness and incapability to support one's self and family are among its dire sequelae. Indeed, could the secret sufferings and hidden sorrow attendant on the plague of venereal disease be but for a moment revealed in its harrowing fulness, the pen of Dante and the brush of Dore would be more than taxed to depict the scene.

The presence of gonorrhea has been stated, not in fanciful figures, but in conservative estimates, by those best qualified to speak; its ravages have been touched upon, and our increasing knowledge concerning it has been alluded to. Can we either as physicians or as officers chosen to safeguard the well-being of those less informed avoid the consequent responsibility? I believe that to do so is neither possible nor our desire.

Assuming, then, that we admit the existence of this evil, and acknowledge our responsibility in relation to it, we are brought face to face with the world-old problem, "What shall we do to be saved?" That problem, gentlemen, is the most intricate, the most profound and the most far-reaching that could engage our attention. It is an appa-

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rently hopeless composite of men's ignorance and weakness, of their secret sins and hidden means of revenue. Yet firm in the belief that there is nothing hidden that shall not be revealed; that the most crooked paths may be made straight, I desire to pesent, not a solution of the riddle, but what has been done by others along this line, and to offer a few suggestions as to some things that may be done by us.

The great breeding place and distributing point of venereal disease is the so-called social evil. Against this all early legislation that might tend to restrict the spread of such disease was directed. The enactments governing prostitution were inspired by motives of religion and morality, and in behalf of civic order and good government rather than in an intent to limit contagion. In their efforts at restrictive legislation the law-makers identified the problem of prostitution with the problem of the prostitute, endeavoring as it were to diminish the flow of the stream by gathering the drifting leaves and wood from its surface.

Scarcely less superficial was the later effort to limit the spread of disease by periodic examination of prostitutes, founded as it was on the belief that it was possible to say positively that any were not infected. It is generally admitted that segregation, supervision and medical examination have not materially diminished the prevalence of social diseases.

Recent legislation is decidedly hopeful. With a deeper insight and clearer medical ideas it has passed by the derelict flotsam of the underworld, and by taking cognizance of the male element has gone somewhat into the depths of the stream. Thus in Sweden gonorrhea is included in the list of reportable contagious diseases, and it is claimed that its prevalence has greatly diminished as a result. The state of Indiana has recently instituted a similar procedure, and also requires from every male applicant for a marriage license a certificate of freedom from venereal disease. Sufficient time has not yet elapsed to determine the value of this course. Theoretically a move in the right direction, its practical enforcement will be beset with many difficulties. Certain other states have made efforts to attack the problem through legislation, but with as yet indifferent success. Legislative efforts in this direction should not be decried as utterly futile, yet I am of the opinion that they lay the ax to the branch rather than the root.

Having seen the failure of legislative efforts at restriction, students of the problem are turning to education as a means of escape. Though difficult to follow, this course is the only one that offers hope. Certain men have already proved its efficacy in the limited fields wherein they have had opportunity to apply it. The obstacles that obstruct more general teaching in such matters must be met and overcome if we are to attack this great question in its one vulnerable point, and deal with it as a problem of the individual.

Few enter lives of vice intentionally, and fewer still knowingly expose themselves to disease. Ignorance is primarily responsible for most of what we are pleased to term sin, and for the suffering such violation of nature's laws entails. The admonition "know thyself" is nowhere more neglected than in the education of our youth. Parents

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themselves uneducated save by experience not infrequently obtained a tremendous cost, are unable to speak to their children on the mo important part of their physiologic makeup, and the children, in tur are subjected to all sorts of false teaching through the medium quack literature and evil-minded associates. Even should the pr adolescent period be passed without harm from external sources, y in that chaotic period preceding puberty the awakening of new forc and new imaginings within compel to a greater or less degree thoug on sexual matters. Now is the time of storm and stress, and now all times should the voyager have before him the beacon light of sel knowledge. For knowledge will come. If not in its true guise, pu and helpful, then as a false light leading to perilous shoals and hidde reefs.

How, then, may this knowledge be imparted? The answer to th question involves consideration first of the amount of information be imparted as well as the best period and manner for such instructio and, second, of the agencies available for its dissemination.

The first part of the problem is more difficult, and can best b solved by the earnest co-operation of educators and physicians. T me it seems that the instruction in matters of sex should be begun the age when children begin to become conscious of their sex. Pr vious to this the only sexology that should be taught should be taugh not as such, but should be included in general teaching of hygiene, i culcating the same respect for the generative organs as for the oth sense organs. When the prepubertal agitation begins a certain amou of tactful explanation of the phenomena of this period will preve many pernicious imaginings and much evil experimentation. From simple beginning the instruction may be gradually amplified accordin to sex and age. As the youth is pre-eminently the sufferer from, an conveyor of, venereal disease, he should be impressed with the follow ing facts.

First, sexual connection is not essential to healthy growth an proper development, popular opinion to the contrary notwithstandin On the other hand, it is established that the most men do their be work when they refrain from sexual intercourse. Second, the sexu instinct resides in the mind, and can be controlled, for physical as f moral growth. Third, the danger of venereal disease to himself a well as those with whom he may become connected should be pointe out. Fourth, the present double standard of morals should be strenu ously opposed, and its pernicious results not only in matters physic but in the formation of character should be insisted upon. When ou educational system emphasizes character as more essential to materi as well as ethical success than mere knowlege, then, and only the will it be fulfilling its functions of citizen making.

In our school system we have the agency through which this i struction should be given. The machinery is there, and only need proper adjustment and proper engineers to m ake it perform its highe duty well. I sincerely believe that our State Board of Public Instru tion can render no greater service than by providing for teachers, a well as for scholars, suitable instruction in these matters, and I furth

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rt that it is the duty of those charged with the protection of the lic health to bring this matter to the consideration of the school norities, to urge that some action in the premises be inaugurated, to lend their aid and advice. As the State Board of Public In- ction is the proper body to deal with this problem, so is the State rd of Health, or the Organization of Boards of Health the proper y to present the matter to that board.

Finally, I am by no means so fatuous as to imagine that illicit inter- rse will ever cease to be, or that for years we shall not have to t venereal disease. Yet convinced that ignorance is chiefly respon- e for a large proportion of the moral and material tragedies grow- out of the social evil, in behalf of the unguided adolescent stum- g helpless in pursuit of knowledge, in behalf of innocent women ied the blessing of motherhood and often made life-long sufferers, ehalf of helpless babes rendered sightless and perhaps motherless ost as they first inspire the breath of life, that the present awful nber of these may be in some degree lessened, and that we may harge our full duty, I make this plea.

Psychic Treatment of Alcohol and Drug Neuroses.

D. Crothers, Hartford, Conn. nal A. M. A.), insists on the rtance of both the physical and ic elements in the pathologic of the inebriate or drug habi- The neurotic heredity and the mmatory and toxic symptoms receive first and constant at- on, but the psychic disturbance be even more prominent, and eat both, giving special atten- to the one that is the most im- nt in the individual case, is the st practical science of today. psychic treatment is employed question is whether sudden or al methods are best. If the nt is egotistical, with delusions his strength and capacity, it is to use the most impressive s to shock and break up his l range of thought. This should llowed by more continuous im- ions till the mind has been ed out of its old morbid tenden- In other cases it may be more advisable to use gradual methods from the first and the use of judi- ciously regulated mental and physi- cal occupation, even up to the point of causing fatigue. Religious im- pressions, properly utilized, are also helpful, though Crothers thinks their effects are apt to be transient if not followed up by continuous ap- peals and increased organic vigor. Inebriates and drug fiends are very susceptible to contagion and the paretic egotist who defends the use of liquor and urges other dangerous theories which are accepted by weaker minds, is a dangerous psychic degenerate, and should be isolated and made subject to strong impres- sions. Physical training, removal of toxic causes and improvement of nu- trition afford a larger scope for men- tal treatment and the toxic neurotic with his damaged pain centers, weak- ened resisting power and lowered vitality needs something more than mere physical treatment. He needs also psychic remedies to turn his feeble mentality into new lines of thought.

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THE EXAMINATION OF THE URINE AS AN AID TO THE GENERAL PRACTITIONER IN DIAGNOSIS

By LEON WILLETT HYDE, M. D.

Read before the Portland City and County Medical Society, March 4, 1908

Urine contains the largest number of ingredients of any of the products of the emunctories of the body. There are a considerable number of substances that may be found. They all have some significance. Some are of far more importance than others, but they are all of them in the urine for some definite and specific reason. With certain of these ingredients this reason is scientifically demonstrable. In the case of some it is arrived at empirically and in other cases it is unknown.

The progress in the study of the urine shows that while some of its ingredients are normal, some are normal only in certain amounts, with a physiological variation and some are abnormal when found in any amount. It is possible to find a very considerable variation in the composition of the urine, as showing tendency to disease, when no organic lesion can be found and demonstrated, and when there is a lack of clinical manifestations of any kind. Physiological findings in the urine may point to a normal kidney when there are undoubted kidney lesions, judging from the clinical symptoms. Compensatory action of one kidney may obscure the fact that the other kidney is diseased. While one kidney, through its compensatory action, is doing the work of two, the other may be contracted and functionless. It is possible to find a normal amount of secretion with one kidney practically inactive. The variation in the physical, chemical and microscopical findings is so great that it is practically impossible to put too much weight on the corroborative findings in the clinical symptoms, to come to a proper conclusion. It might be a better way to put it, to say that the clinical findings should stand first in importance and the examination of the urine second, and yet, these are so intimately associated in importance that neither can be taken entirely alone. Few physicians would care to treat a Bright's disease or a diabetes merely on the strength of an examination of the urine. It would be unfair to the patient and unjust to the physician attending him to judge of the clinical condition from a single examination of the urine.

The busy practitioner cannot from the very nature of his business give the time requisite to thorough and complete analysis of all urines, when an examination is indicated, neither can he make routine examinations which involve complications of time and apparatus. It is not putting it too strongly, nor saying too much, to state that the general practitioner should be able to perform the more com-

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cated methods that one does who gives his time to the investiga- n of the less important of the urine ingredients. While it is doubtedly fortunate that the general practitioner can refer certain his cases to a specialist for treatment, yet it is none the less true, t the field of general practice must carry with it a knowledge of ail or ability to become familiar with the details that the specialist st know. With these remarks as a suggestion of the dangers of examination of urine, let us look into the more important points the examination and see how they can help in making diagnoses. The amount of urine passed in twenty-four hoursr is depend- on the condition of the renal epithelium and the rapidity of the od flow through the kidney. It is independent of blood pressure. ile the amount passed by the normal adult of average weight in nty-four hours is from 1500 to 2,000 c.c., there is a considerable siological variation. This may be due to the amount of fluids in- ted, exercise, hot weather, etc. Children pass absolutely less, relatively more than adults, probably due to the larger ingestion fluids. Relatively less urine is passed at night than in the day e, but in chronic nephritis this may be reversed. In order to in- nce renal secretion both kidneys must be diseased, as a unilateral hritis is compensated for by the activity of the healthy kidney. e more chronic the nephritis, the greater the tendency to polyuria, consequence of the contraction of the renal tissues and the accel- ion of the renal blood. In lung and heart diseases, as soon as circulatory disturbances begin to be compensated, in diabetes litus and insipidus, in certain nervous disturbances and aftre the estion of certain drugs, as well as articles of food, such as coffee, alcohol, the flow of urine is increased. In acute nephritis, and cute exacerbations of chronic nephritis, in heart and lung dis- es, leading to stasis, the flow of urine is decreased. In uremia, asionally, in diseases causing great loss of body fluid through other nctories, in rapidly progressive anaemia, cholera, dysentery, vom- g and diarrhea, the urine may be entirely suppressed.

Urine should be collected from morning to morning, the patient otying the bladder before the collection is begun. Patients should be instructed to urinate before going to stool. In order to prop- study the pathological significance of the amount of urine passed to serve as a proper basis for further analysis, the urine should neasured and a record kept of the 24-hour quantity for from one wo weeks.

The Vogel test scale serves as one of the most convenient methods eeping the record of the color of the urine. This recognizes nine rs, from a pale yellow to almost a black. The ordinary color is le straw color, and varies quite largely, due to dilution or concen- on. In estimating the color, the urine should first be filtered. This ecessary only in cases where there is a considerable amount of ment. A very pale urine may be due to pathological coloring ters as well as to dilution, to chronic interstitial and parenchymatous nritis, amyloid kidney and in cases well advanced toward recovery, cute nephritis. Urine may have a pale color, with reduced amount

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in the inactive stage of subacute glomerulo-nephritis, as well as in diseases in other parts of the body, accompanied with diminution of the solid constituents of the urine. The urine may have a normal color in active hyperaemia of the kidney, frequently in the beginning stage of chronic interstitial nephritis, and occasionally in subacute glomerulo-nephritis. As far as the color is concerned, it has value in diagnosis only insofar as it is corroborative with other findings. A dark or smoky urine generally indicates the presence of abnormal pigment. The greatest care must be taken not to confound a dark and a highly colored urine. The dark color is generally due to blood pigment, either methemoglobin or to hematein. It may be seen after large ingestions of carbolic acid. A phenol urine is generally clear when passed, and becomes dark on standing, due to the decomposition of the phenol. Urine darkened by the presence of bile pigment shows a yellow froth on shaking, which becomes decidedly greenish if there be much bilirubin present. A black urine is generally caused by a greater abundance of the substances that make the urine dark. Halliburton says that a colorless urine is generally due to a diminution in normal pigment, and may show various nervous conditions; hydruria, diabetes insipidus and granular kidney; a dark yellow, or brown, either increase in normal or occurrence of pathological pigment, showing presence of acute febrile conditions; a milky urine due to fat globules or pus corpuscles and shows either chyluria or the presence of pus in the genito-urinary tract. Orange color is due to drugs; unchanged pigments in the food and the presence of blood or haemoglobin are indicated in a red or reddish brown urine and point to hemorrhage or hemoglobinuria.

The odor of normal urine is aromatic and not unpleasant. The so-called urinous odor is not normal, and indicates decomposition. This is of import only when found in freshly voided urine. It occurs at this time associated with albumin and pus. Drugs impart characteristic odors to the urine. When the odor is ammoniacal at the time of passing, it points to a retention in the bladder. An odor of H_2S may indicate a recto-vesical fistula. In the presence of a urine of normal color, odor and S. G., with a slightly acid reaction, and in the absence of clinical symptoms to lead to further suspicion, one examination would be sufficient, but if the clinical symptoms are indicative of possibly an existing lesion or the impostiion of a lesion of the genito-urinary tract, then the examination of the urine becomes of the greatest importance, and should be dispensed with only when the clinical findings no longer indicate a reward for the searching. This is a place where it is very easy to make a mistake and put too much importance on a single finding.

As to the S. G., this has a variation in health of from 1015 to 1025 but when there is a greater variation than this, the findings do not necessarily indicate serious trouble. A nervous urine, so-called, may be as low as 1005, and a highly concentrated urine may be as high as 1035 without any serious clinical findings. While as a rule a low S. G. may point to the presence of albumen, and a high S. G. may indicate sugar, yet these conditions in the urine may be reversed and still the pathological ingredients spoken of, found.

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Urea is the chief organic constituent of the urine. Recent research
s to show that it is formed in the liver and carried by the blood
ne kidneys. Since it is the chief organic constituent, it is a fair
x as to the amount of nitrogenous material excreted from the
y. Not all of the nitrogen is excreted as urea, however, as some
: passes out as uric acid, xanthin, hypoxanthin, sarkin, kreatin,
ntoin, etc. In extensive disease of the kidneys, and where there
r advanced degeneration, and even when there is almost complete
pression, urea continues to be secreted. In extensive disease of
liver, as acute yellow atrophy, the urea is markedly decreased in
urine. In diabetes, when the activity of the liver cells is greatly
eased, the urea content is greatly increased. In the early stages
cute febrile diseases, and during early convalescence from acute
ases, in intermittent fever before a chill, in diabetes insipidus, and
itus, in chronic intestinal nephritis, and in chronic gout the amount
rea is increased. A diminished amount of urea is found in dis-
d conditions when there is a decreased metabolism and when the
ase is such that the kidneys are unable to take care of the excreting
rea. In most diseases of the kidneys the urea is markedly de-
sed, this being true in advanced forms of chronic interstitial and
use nephritis and subacute glomerulo-nephritis. In amyloid kid-
the urea may be normal in amount, or it may be diminished to
e extent, but it is not as much diminished as in some other forms
nephritis because the degeneration takes place around the blood
els first, and only in the later stages is there destruction of the
eting structures of the kidney. As an aid in diagnosis, the urea
ent is, or may be, very important. In the forms of nephritis
tioned, its quantity may be the differential point on which a
per diagnosis hinges.

Albumin and sugar are probably the most important of the path-
ical findings, as they may be justly taken as more or less of an
x as to the efficiency of the kidney to select the proper ingred-
s of the urine. While sugar may persist for a long time with-
the presence of renal changes, yet its presence acts as a distinct
ant to renal tissues.

Albumin, when found in the urine, always indicates some lesion
he genito-urinary tract. This may be due to the change in the
d pressure or to the character of the blood as in pernicious
emia, or it may be due to a breaking down of the renal epithel-
but no matter what the cause may be, the fact remains that the
ng of albumin does indicate a lesion of the genito-urinary
t. The so-called functional albuminuria is a misnomer, and even
gh the urine contains a very minute amount of albumin, it is a
estimate that there is sufficient cause for care on the part of the
nt, so as not to run the danger of further trouble. As frequent
use of albuminuria as any is the pregnant condition. A woman
has no kidney lesion will not have albuin in the urine. It is
sufficient to look for albumin alone in these cases and in many
rs where albumin is demonstrable, but the findings should be
owed by a careful examination of the sediment, and in the case

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of pregnancy, a too thorough study of the urea content cannot be made, as an index to the progress of catabolism.

It is impossible in a short paper to go into the differential diagnosis of casts, the examination for bacilli and cocci, but it is a certainty that to the physician who would make fairly accurate tests and come to rational conclusions, that this is eminently necessary. If the examination of urine is not to lead to erroneous conclusions, if, with the symptom complex, the examiner is to give the findings in the urine their proper weight, it is eminently essential that he be familiar with the microscope and its use. It may have been your experience—it has been mine—to talk with brother practitioners who make a quick and sure diagnosis of Bright's disease in a serious form, with the use of the heat test for albumin and base a prognosis on this one finding, without giving the urine any further consideration.

What is the busy practitioner to do to be able to take the time or to make the time for the tests that are necessary for a valuable examination of the urine? With the addition of a few crystals of menthol, or the addition of chloroform, urine will keep for a long time without decomposition. By the aid of a wine glass, a few test tubes and inexpensive reagents it is possible to make very satisfactory examinations, and with the added help of the microscope, which every physician should be familiar with, it is possible to make such examinations as to greatly aid in making proper diagnoses. It does not seem likely that the findings in the urine other than sugar, albumin and an estimate of the urea content can greatly vary the diagnosis that is to be sought. If the suggestions that have been thrown out in this paper can provoke discussion as to what should be studied in the urine, if it will be of any aid in impressing the importance of routine examinations as an aid in diagnosis, the writer will have accomplished what he had in view in preparing it.

Cancer in the Philippines.

F. W. Dudley, Manila, P. I. (Journal A. M. A.), disputes the alleged absence or rarity of cancer in tropical countries. It certainly occurs in the Philippines, where 301 deaths from this cause were reported in 1902, a figure which Dudley, from his knowledge of the imperfections of the statistics, feels safe in saying could be multiplied by one hundred to represent the real facts, bringing the death rate from this cause up to about 5 per cent. His conclusions are given as follows: "1. Cancer is not confined to temperate climates. 2. It is believed that cancer exists in the Philippine Islands to a greater extent than in the United States. 3. The measures now being taken in other more enlightened countries to warn the people of the necessity of early diagnosis, and early radical surgical treatment in this disease, should be adopted here. 4. The disease is of sufficient importance in the Philippine Islands to warrant an effort being made to obtain better statistics in the future."

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SOME PRACTICAL OBSERVATIONS ON ULCER OF THE STOMACH

By C. L. DUTTON, M. D.
Meridian, Idaho

Read before the South Idaho District Medical Society, April 14, 1908

At present, ulcer of the stomach is commanding the most careful attention of the general practitioner and surgeon alike. From the standpoint of the general practitioner, the important thing is early recognition and treatment in the acute stage—if then it is not relieved, he should refer the patient to the surgeon. The surgeon should expect from him a careful diagnosis, because he has had ample time to study the case and make all necessary tests. The surgeon should not be expected to take the remnants of a prolonged and vigorous treatment, when emaciation and exhaustion have gotten the best of the patient, or when neglect or temporizing treatment have procrastinated until cancer is well advanced.

The test meal and the findings on chemical examination, though not positive, are always worthy of consideration. The symptomatology and careful history of the case, together with the life, habits, occupation, diet, and surroundings, must be taken into account. Eliminate, as far as possible, any lesion in the surrounding tissues—for example, tubercular peritonitis, cancer of the pancreas, gall-stones, diaphramatic pleurisy, aneurism of the abdominal aorta, and any symptoms that may be due to hysteria or imagination.

Locomotor ataxia, gastralgia, Dietl's crisis, neurasthenia, and numerous other conditions must also be excluded.

It is within the power of every physician, at a minimum expense, to equip himself with the necessary apparatus, become familiar with the test meal, and show all the physiological or pathological functions of digestion so far as is needed for practical purposes. The necessary armamentarium includes two burettes and a stand, a dozen test tubes, half a dozen beakers, two small porcelain dishes, and a stomach tube. The principle reagents required for the tests are resorcin solution or Gunzberg's test, one-tenth normal solution of sodium hydroxide, litmus paper, a small amount of ferric trichloride, alizarin, phenylphthalein, and dimethyl-amido-azobenzol. With this equipment and some careful practice, it is very easy to determine the presence of free hydrochloric acid, combined hydrochloric acid, organic acid, and the total acidity.

With phenylphthalein as an indicator, the total acidity may be determined. With dimethyl-amido-azobenzol, the amount of free hy-

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drochloric acid may be found. Combined hydrochloric acid does not give reaction with alizarin, consequently the total acidity minus the amount of acidity as indicated with alizarin, is the combined hydrochloric acid. The amount of free and combined hydrochloric acid taken from the total acidity, gives us the amount of organic acids. If lactic acid is present, it can be found with the following test: Dilute a few drops of phenol and ferric trichloride to an amethyst-blue and add to this a small amount of the aqueous solution of the sediment obtained by shaking gastric juice with ether. If lactic acid is present, this solution will become a pale-lemon color.

Other organic acids, as ascetic and butyric, may be detected by their odor.

Gastric ulcer, with all its serious complications, and more serious sequels, is, I believe, entirely too frequent. This can be greatly reduced by a more timely and thorough application of the test-meal. This means a better understanding of these methods on the part of the general practitioner and a keener appreciation of the symptoms that present themselves in obscure cases.

Gastric ulcer is primarily a medical disease and is amenable to medical treatment providing the means are adequate and the treatment persistently carried out.

Early diagnosis, in ulcer of the stomach, is as valuable as in carcinoma or tuberculosis. It is as absurd to wait for the classical symptoms to develop as it is to wait for the appearance of tubercular bacilli in the sputum or the breaking down of carcinomata tissue and the finding of the cells in the discharge.

I believe that cases of chronic dyspepsia, with tenderness in the epigastrium, waterbrash, burning pain and distress after taking food, with hyperchlorydria in the test-meal, should be diagnosed as gastric ulcer. The treatment should be rigidly directed to the cure of gastric ulcer. Cases that resist the ordinary treatment for dyspepsia should be given the gastric ulcer treatment. Any treatment that does not enjoin upon the patient complete rest to the body and stomach alike is incomplete. No matter how simple the case, better results can be obtained if the patient is put to bed and supported by nutrient enemeta. This should be continued for at least ten days, or longer, according to the severity of the case. At the end of that time the patient can be allowed light liquid diet, gradually increasing the diet day by day until at the end of a month or six weeks the patient can be put on a semi-solid diet and permitted to be about.

After obstinate resistance to conservative and consistent medical treatment, nothing will achieve better results than a timely exploratory incision.

It is not my plan to convey the idea that the patient should be treated to death, and then the cachectic, exhausted remains spirited away for an anti-mortem operation.

The sooner these conditions are appreciated by the profession at large, the less frequently will hemorrhage, perforation, hour-glass contraction, disabling adhesions and malignant disease be found. It is so often impossible to make a positive diagnosis from the symptoma-

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y and clinical findings, than an exploratory incision is necessary. omens have been opened to do a pylorectomy for carcinoma or enal ulcer and these organs found in a perfect state of health possibly some other pathological condition such as aneurysm of orta or gall-stones, is revealed. Then, according to the condi- the necessary work is done or the abdomen judiciously closed. has been frequently shown, by the pioneers of gastro-intestinal ery, that gastric ulcer and duodenal ulcer occur in about an equal ortion of men and women, and there is not the great frequency odenal ulcer in men and gastric ulcer in women as was once sup- l. Age does not carry with it the immunity once believed—a n may have carcinoma and a person in senility may have gastric .

astric ulcer, as a precursor of malignancy, is being frequently nore positively demonstrated. The gastric surgeons are universal claring this one sequel of gastric ulcer. The fact that 80 per of ulcers and carcinomata have the same location shows the inti- relation of the one with the other.

ccording to Wm. L. Rodman, Moynihan, a few years ago, be- l ulcer of the stomach was a rare cause of carcinoma. "His last rt showed he had found ulcer existed in more than 70 per cent e late cases operated by him." The Mayos, I believe, have had a ar experience. "Mayo Robson found chronic ulcer in more than r cent of his cases of carcinoma."

rom a review of the reports of such men, and others, one can nat cancer has its origin in chronic ulcers, ranging from 25 to 90 ent.

s before stated, gastric ulcer is primarily a medical disease, and, ich, is amenable to medical treatment. But, equally true, the nic, indurated ulcer, surrounded by a firm hard base of connective e, is a surgical disease and, as such, is amenable only to surgical ment.

issue of low vitality, such as is found in healed scars of pyloric duodenal ulcers, would provide excellent moorings for the lurking invisible cancer cells. Once their growth is set into active pro- ation, it is not difficult to understand the rapidity of their increase ch a favorable hot-bed of redundant tissue.

o excise the ulcer and cancer-bearing portion of the stomach is move cancer at its earliest inception. To wait for a mass to lop and lactic acid to appear is a hazardous delay.

CASE REPORT.

Irs. A., age 38, came to me April 11, 1906. Had always been until March, 1900, when she had measles, complicated with pneu- a, from which she never fully recovered. Following this, she naemoptosis and marked emaciation for a year.

Iay, 1904, patient had severe bronchitis and pleurisy, with con- ation at lower part of left lung, fever, coughing, free expectora- and anorexia. Microscopic examination did not show any tuber- bacilli present, but pneumococci and streptococci were in pro-

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fusion. From these symptoms, patient apparently recovered and gained flesh, but never became very strong.

In April, 1906, patient came to my office with these symptoms—water-brash, burning pain in epigastrium after taking any nourishment, and vomiting quantities of food which were very sour one or two hours after eating.

Wednesday, April 10, she vomited blood. Thursday, vomited more blood and came to my office. I diagnosed the case as gastric ulcer, and sent the patient home to bed. For two weeks she was given nothing by the mouth except small quantities of water at regular intervals. Nutrient enemas were used every four hours and lavage with boric acid solution, daily. The third week, albumen water and peptonized milk were allowed—lavage ever other day. Improvement progressed and patient was up and about the fourth week.

Improvement continued until May 27, when a large meal was eaten. About an hour and a half later I was called in haste. I found patient cyanotic, pulse imperceptible, eyes suffused, tongue protruding, blood, food, and mucous coming out of the mouth.

Stimulation and external heat were applied, stomach was washed out and hypodermoclysis was used; also means to control the hemorrhage, which was profuse.

On the same routine treatment as was used before, patient made a good improvement, after the effects of the hemorrhage were overcome.

In February, 1907, symptoms began to return and increased except when she was in bed and on strict routine treatment. In April, patient came to my office and decided to have an operation. Gastroenterostomy was done a few days later, after the method of Moynihan. Improvement was good and results very satisfactory until February, 1908, patient lost flesh and, at intervals, had anorexia, vomiting and distress. On examination of stomach contents, I found hydrochloric acid absent, lactic acid .4 of 1 per cent on titration. On two occasions, lately, patient has vomited blood. This has raised a doubt in my mind if we did not have carcinoma developing.

The patient has been placed upon a strong solution of hydrochloric acid, with pepsin.

Appetite is improving, strength gaining. Patient is increasing in weight and feels better than for a number of years before.

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ledical Societies

rtland City and County Medical Society.

The City and County Medical So-ty of Portland met in the Society oms April 15th, 1908, and was led to order by President Hamil-.

Minutes of previous meeting were d and approved.

Members present: Drs. Campbell, urtney, Fessler, French, Greene, illette, Hamilton, Hosmer, Holden, bbard, Hyde, Jefferson, N. W. es, King, Labbe, Mackenzie, ore, Marsh, Herbert Nichols, A. Smith, A. W. Smith, Sternberg, mms, Walls, White, Whiteside, ley, Yenney.

Visitors: Drs. Baird, Higgs, Kiehl.

Election of members: Dr. Babbitt, duate of University of Oregon, and Higgs, graduate Arkansas Uni-sity, were both elected by unani-os ballot.

ading and Discussion of Papers.

The first paper was read by Dr. J. Labbe, viz: "Some Congenital lformations and Their Embryologic gin."

This paper showed a vast amount work the author had done in pre-ing it. Malformations of the gen-organs, and their development n a historical standpoint was ex-ined in detail, as well as the de-opment of the genital tract, and origin of sexes. Nobody differed h the author upon any special nt, they being perfectly willing to e his word for it.

n the absence of Dr. Robt. H. s, who was to have opened the cussion, Dr. Williamson kindly sented to do this by request.

eneral discussion: Drs. Sternberg, den, Smith, Walls, Mackenzie, Labbe closing the discussion.

The second paper was read by Dr. W. W .Campbell, viz: "Observations Upon the Surgical Treatment of Ununited Fractures."

This paper was well written, and covered the ground completely, bringing out free discussion. Wiring of bones was shown to be unsatisfactory by the use of wire, but better by heavy catgut, or some absorbable material which gives no trouble after healing of wound.

Discussion was opened by Dr. A. W. Moore .

General discussion: Drs. Herbert Nichols, Labbe, Mackenzie, Williamson, A. C. Smith. Discussion closed by Dr. Campbell.

Cases in Practice Related by Members.

Dr. Campbell reported a case of trauma of the abdomen, right side, over the region of appendix, as result of being hit by a piece of slabwood. Immediate effects negative, except rigidity of abdominal wall, and slight pain in the region of injury. Case sent to hospital. Morning after accident patient developed vomiting. Was opened up, abdominal cavity found filled with fecal matter, caecum was ruptured; man died of peritonitis twelve hours later.

Dr. Timms reported a case of a woman 37 years of age who thought she was pregnant . Examination showed a wall of adhesions grown from mouth of cervix to adjoining vaginal wall. No position in which woman was placed would show mouth of cervix. She was later, by examination, shown to be pregnant about four months.

Dr. Moore reported having had seven cases of buttock presentation in his practice; desires to know if others have had any similar experience.

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Miscellaneous Business.

Dr. Labbe said that Dr. Tucker requested him to find out the opinion of the members of the society in reference to the removal of the books from the City Library, and if it was their pleasure to install them in our present quarters.

Dr. Mackenzie moved, and was seconded, that the books now in the City Library belonging to this Society, be removed and installed in our present quarters for use of its members. Carried.

Dr. Whiteside requested that members who have books they are not using, and who care to donate the same to the society, to kindly send them to the House Committee.

Dr. Labbe said we will shortly be in need of funds for the purpose of supporting the present quarters of the organization, and moved that notice be hereby given that upon the date of annual meeting a vote be taken to amend the Constitution and By-Laws for the purpose of providing funds for above named. Carried.

ALAN WELCH SMITH,
Secretary.

Portland City and County Medical Society.

A meeting of the Portland City and County Medical Society was held in the Medical Hall May 6, 1908.

Called to order at 8:20 P. M. by the President, Dr. L. H. Hamilton. Dr. Wm. House, Secretary pro tem.

Present: Drs. Buck, Briggs, Coffey, Cardwell, Dammasch, Ellis, Fessler, Gilbert, Green, Hills, Hosmer, Hamilton, Holden, Higgs, House, Jones, Johnson, Marcellus, Marsh, MacKenzie, Ostrander, Plummer, Pierce, Pettit, Rockey, Ricen, Short, W. A. Story, Tucker, Tilzer, Timms, White.

Visitors: Nelson, C. Moore, A. Chance and Roberts of Canyon City.

Proposal for Membership: Dr. Alvin W. Baird. Read and referred to Council.

Pathologic Specimens.

Dr. Cardwell presented a piece of beef's liver bought at a market which claims to sell government inspected meat. It contained a large abscess.

Dr. White said that every Spring, up in the Willamette Valley, they have an epidemic of disease among the sheep and cattle, which die. The lesions are small abscesses of the liver, due to the liver fluke. They resemble the specimen shown.

Paper.

Dr. C. S. White read a paper on "The management of incomplete abortion." He believes that many graves as have been filled by the pistol carelessly used, the curette has filled more. Advocates examination with the gloved finger, and scraping away such material as it will loosen, then pack with gauze. Does not think the douche is much of a help, and may be a cause of great harm. Ergot exerts a contractile influence on the uterus, and should be used. Quinine in huge doses seems to be a good thing, and exerts as much influence as in malaria. Cited a case with temperature of 105 F. treated in this way with prompt subsidence of the temperature, and steady improvement.

Dr. Sheldon was to have opened the discussion. In his absence Dr. Hosmer took his place. The discussion was continued by Drs. Tucker, Ellis, MacKenzie, Gilbert, Coffey, Marcellus, Bristow, Buck, and closed by Dr. White.

Cases in Practice.

Dr. Bristow cited a case of prolapse of the rectum which he had operated on by opening the abdomen and drawing up the colon and suturing in place. The result was good at the end of five years. The general symptoms were

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those of neurasthenia, and they improved much after operating.

Dr. Plummer cited a similar case in which the patient was able to protrude a large mass of bowel and draw it back at will.

Miscellaneous Business.

Dr. Tucker thinks the City and County Society will popularize its rooms by liberal treatment of the doctors of Portland, and believes we should offer them free to other medical societies.

Dr. Tilzer shares these views, and moves that "The Portland City and County Society extend to other medical societies and clubs an invitation to use the rooms."

Dr. Pettit seconded this motion.

Drs. Plummer, Buck, Hamilton, Bristow, Tilzer, Tucker and Dammasch discussed the motion, which was carried.

Dr. House read that section of the Constitution of the State Medical Association which confers on the local society in whose district the State Association meets, the office of Committee on Entertainment. He announced the date of the approaching meeting of the State Association as July 1st, 2nd and 3rd. He wished to know what action the City and County Society wished to take.

Dr. Coffey stated that it had been customary in past years for the local society to give a banquet. Resident members paid for their individual plates, and the local society paid for the plates of our of town visitors. The State Society has planned for a series of entertainments, and would like the co-operation of the City and County Society to this extent.

Dr. Mackenzie moves that the President be empowered to appoint a committee of five to take up the matter of entertaining the State Association, and to do all that they can for the entertainment of our visitors. Seconded and caried.

The President said he would appoint the committee later.

Dr. Tucker reported that the books originally owned by the City and County Society had been given to the Portland Library, which would care for them only on such terms. Some of the directors had promised him that the books will be returned at their next meeting. He wants to know what he will do with them.

Dr. Mackenzie moved that the Secretary of the City and County Society be instructed to see that the books are properly transferred to the rooms of this Society, acting through the agency of Dr. Tucker.

Carried.

ALAN WELCH SMITH,
Secretary.

State Board of Health.

All the members of the State Board of Health were present on the 5th inst. at the regular meeting, held in Portland, with the exception of the president, Dr. Alfred Kinney, of Astoria, who was detained at home by illness. The meeting was neld in the Medical building in the offices of Dr. R. C. Yenney, secretary of the board. The members present were: Dr. Andrew C. Smith, vice-president; Dr. E. A. Pierce, Portland; Dr. E. A. Pickel, Medford; Dr. W. B. Morse, Salem; Dr. Dr. C. J. Smith, Pendleton, and Dr. Yenney. Reports were received from the State Asylum and the State Penitentiary.

It was announced that the asylum authorities are building open-air pavilions on the grounds for the use of tuberculous patients, and that the condition of all the buildings and surroundings is good. Sanitary conditions at the penitentiary were reported good, with the exception of proper appliances for clearing the

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workrooms of dust arising from tne emery wheels and other machinery. The report informed the board that compressed air draft ventilators are to be installed in these rooms so that the present dust-laden air shall be kept free from impurities.

Quite a long discussion was held on the menace of smallpox in various places in the state, epidemics existing in North Portland, Lafayette and Monmouth, and last Fall in Eastern Oregon. The board resolved to take up the matter of vaccination with school authorities and county boards of health with a view to having vaccination more generally insisted upon.

The board has found the practice of holding public meetings in various parts of the state a wise plan. These meetings have been held from time to time for the last three years and have been addressed by members of the board, or by other doctors appointed by them, on subjects in which the public should be informed concerning sanitation and safeguards against the spread of contagious diseases. Addresses have also been delivered on the same subjects before teachers' institutes in the several counties of the state. It was decided to continue this education policy.

A case of glanders attacking a horse in Eastern Oregon, reported a few days ago, was brought up. The report was particularly of importance by reason of the fact that a man contracted the disease in treating the animal and died from the effects.

The State Board of Health will actively participate in the deliberations of the State Medical Society at its next meeting in Portland, early in July, and will bring before that body matters of deep concern to members of the profession. The session adjourned to meet next month or at the call of the president.

Utah Medical Association.

The Utah State Medical Association met at Salt Lake on May 12th, and a very successful meeting was held. It was the fourteenth annual meeting.

Dr. H. D. Niles presided.

After the presentation of various items of routine business, Dr. Thomas J. West, a Salt Lake member, read an interesting paper entitled "The Bubonic Plague." This disease, because of its deadly nature, is frequently referred to as the "black plague." Making its first appearance in the sixth century, it has existed in virulent or in mild forms and in various countries up to the present time.

The victims of the plague have been numbered by the hundreds of thousands, Asiatic countries being the great breeding centers, and the mortality often being as high as 80 to 90 per cent. In late years a decrease has been noticeable until 50 to 60 per cent is the average.

The last great epidemic of bubonic plague broke out in Hong Kong, China, in 1904, and its ravages were most deadly. The disease spread eastward, losing, however, much of its virulence, and finally reached American shores. San Francisco is suffering an epidemic of the disease at the present time, though no great inroads are being made.

The pesty little animal known as the Norway rat is greatly responsible for the spread of bubonic plague. The symptoms of the disease are severe pain and redness over the lymphatics in the groin, lassitude, headache, restlessness and a steady rise in temperature. Victims have peculiar fancies of terror, almost bordering on hysteria. The blood swarms with bacilli, and the critical periods of the malady are the third, sixth and ninth days.

Dementia Precox.

A most interesting paper was con-

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tributed and ready by Dr. Robert L. Gillespie, of Portland, Or., an honored guest of the convention. The subject was "Dementia Precox." Dr. Gillespie, contrary to prevailing beliefs, considered the disease not necessarily fatal nor incurable. In his opinion the term is too much used among the fraternity and should often be modified to be less appalling to friends and relatives of persons mentally afflicted. The paper was discussed by Dr. Browne Ewing and Dr. E. G. Gowans.

A Two-Headed Baby.

There was exhibited a two-headed baby, which was born in Salt Lake several months ago and is now being preserved by a prominent Salt Lake doctor.

The child was born last January, but did not live. It possesses two perfectly developed heads, although they differ vastly in contour and in features. The body of the child is the same as that of any other new-born babe, but where the left arm should grow out of the shoulder another head, not a shriveled up outgrowth, but a perfect shape, with as much claim to being the legitimate head as the one resting on the child's shoulders, has developed. The two heads appear to be those of different children, bearing no resemblance to one another. The one has a mop of black hair, while the other is oval shaped and is perfectly bald. The features of the first are broad and flat, while the other has the sharp features of the Saxon.

Dr. Ezra C. Rich, of Ogden, read a treatise on "The Treatment of Peritonitis Following Appendicitis," and offered several suggestions of methods of dealing with this puzzling disease which usually follows in the wake of an operation for appendicitis.

Dr. A. J. Hosmer, of Salt Lake City, talked on the subject of "Anatomical Points Bearing on Hernia."

Dr. Charles G. Plummer delivered an interesting address on "Gymnasium Training as a Factor in Overcoming the Abnormalities of Health During Infancy and Puberty."

Election of Officers.

Following are the officers of the Utah State Medical Association, chosen before the convention closed, who will serve until the next meeting of the Society, which will meet at Ogden, October, 1909:

President, Dr. E. C. Rich, of Ogden; First Vice-President, Dr. L. W. Snow, of Salt Lake; Second Vice-President, Dr. F. W. Woodring, of Mount Pleasant; Third Vice President, Dr. G. W. States, of Franklin, Ida.; Secretary, Dr. Browne Ewing, of Salt Lake; Treasurer, Dr. J. N. Harrison, of Salt Lake; member of the Board of Councilors, Dr. R. S. George, of Ogden.

Dr. S. C. Baldwin, of Salt Lake, was chosen as the Society's representative to the American Medical Association's convention, which meets at Chicago this summer.

The following resolution introduced by Dr. S. H. Allen, was unanimously adopted: "That the Utah State Medical Association offer its services to the general public, through the schools, to educate the people on personal hygiene and the prevention of disease."

The next legislature will be asked to make free distribution of diphtheria anti-toxine, according to the provisions of a resolution introduced by Dr. F. H. Raley and adopted by the convention.

A banquet at the University Club brought the convention proceedings to an end. Dr. E. W. Whitney was toastmaster, toasts were responded to by Drs. H. D. Niles, E. C. Rich, H. N. Mayo, Mayor Bransford, Judge W. H. King, Prof. Horace Cummings, Dr. Robert Gillespie, of Oregon, and Judge C. W. Morse. The feature of the evening was the address of retiring Presi-

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dent H. D. Niles, who spoke as follows:

President's Address.

First of all, I desire to once more express my appreciation of the great honor you have done me in electing me to the highest office within the gift of the medical profession of this state.

One of the duties that fall to your President is the preparation of an annual address. On this occasion, the subject that I shall present for your consideration is one that, to my mind, has more to do with the benefits that may come of conforming to laws, and the evil that inevitably comes from trying to evade them. Then and not till then will the best fruits of our labors be made manifest.

The lawmakers and those who execute the laws of this nation will then realize that when they take the oath of office they assume the sacred responsibility of protecting and fostering the health, as well as the wealth of the public. Laymen who visit our prisons, poorhouses and asylums, from curiosity, sympathy or other motives, will know that disease is the chief cause of crime, poverty and insanity and they will leave these institutions stimulated to search out and support all rational measures for the prevention of this great causative factor of human misery. The sympathetic interest felt by those who read the many accounts of the ravages of contagious diseases in communities and families, will be mingled with a determination to correct the flaws in our laws which permit these awful calamities to occur.

The mentally deficient, the moral perverts, and the physically deformed, that may be found on the streets of our cities and in many homes, will not only excite the pity of thoughtful observers, but they will furnish them with sad reminders of a citizen's duty to prevent those sorrowful afflictions, as far as possible, by the enforcement of suitable marriage laws, and the providing for the further enlightenment of parents and teachers.

White Man's Plague.

The silent but pitiable plea for preventative medicine made by 750,000 men, women and children who are now dying in this country from tuberculosis, will be heard, and mercifully answered by an intelligent public that will have learned that tuberculosis is, to a large extent, perhaps wholly, a preventable disease.

The more we study these questions the more evident it becomes that a large proportion of all human maladies, with all their immediate sufferings and remote consequences, are due to ignorance or wilful negligence. The remedy is obvious: The ignorant should be taught, and the wilfully negligent should be restrained—by popular sentiment, if possible—by stringent laws, if necessary. Preventable disease should be regarded as more of a disgrace than a misfortune; since the disgrace belongs to the many who can but will not use preventive measures, while the misfortune belongs to the few, who would if they knew how, protect themselves from disease. To passively permit a preventable disease to torture our fellow creatures is but little better than to actively inflict unnecessary distress upon our fellow creatures. A properly enlightened public would instruct the ignorant, restrain the wilful, and reform those who would willingly permit or wilfully inflict avoidable human suffering.

Thoughtful members of the profession have long been alive to these educational needs of the public, and various plans have been suggested for disseminating information upon medical subjects among laymen, such as the introducing of semi-medical studies in our high schools, the adding of a

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short post-graduate course to our regular college course, and the employment of popular lectures to interest and instruct laymen in subjects relating to medicines, hygiene, etc.

These plans are all in the right direction and worthy of commendation, but I cannot bring myself to believe that they alone will suffice to meet our present emergency. We cannot fail to realize that we stand face to face with most lamentable conditions, with the fate of many human beings depending upon our action, and we must choose the promptest and most effective means at our command. We can no longer be contest with half-way measures.

Call to the Press.

It is my sincere conviction, gentlemen, that the time has come in the evolution of scientific medicine when, if we are to do our full part in establishing such relations between the general public and the medical profession as will bring the greatest good to the greatest number, we must educate the people through that greatest of all educators, the public press.

It is true that the use of the public press by the medical profession for any purpose whatever is contrary to the teachings of tradition, but we must remember that times and conditions change, and that no argument supported by tradition alone should weigh against our choosing and employing the most efficient means of today to meet the great emergencies of today.

To continue to rely upon casual conversations with our patients, and editorial articles in our medical journals, is to my mind equivalent to voluntarily turning the instruction of the masses over to unscrupulous quacks and making ourselves indirectly responsible for an annual mortality and suffering beyond human conception. Moreover, I am convinced that we can utilize the press in educating the public without violating in the slightest degree the letter and spirit of our code of ethics, or offending the sense of propriety in the most scrupulous.

Suppose, for example, we authorize each county, district and state society in the United States to appoint a committee on publicity, that shall be in close touch with a similar committee chosen by our national organization. Let each of these committees select from the yearly proceedings of their society one or more appropriate articles that shall be sufficiently interesting and instructive to serve the purpose intended, these article to be offered to the lay press for publication as the product of the society. For obvious reasons the name of the writer of the article would be withheld, but since the lay reader should be privileged to know the authenticity of the article he reads, the name of the society that stands sponsor may be published.

The details of the plan thus outlined could be worked out and perfected by these various committees until they met with the approval of the different societies and the indorsement and support of the American Medical Association. I believe that the editors of our papers and magazines would soon learn to look with especial favor upon all articles that bore the indorsement of a recognized scientific body of men.

Montana Medical Association.

The annual meeting of the Montana Medical Association was held at Butte on May 13 and 14.

President Taylor called the meeting to order and after a prayer by Rev. J. E. Noftsinger, an address of welcome was delivered by Mayor Corby. In the course of his address, the mayor said:

"I am sure that no words of mine could in any manner express to you

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the appreciation and honor that the people of our community feel in having you select our city for this annual meeting. You, as a professional fraternity, are a public necessity, and as such, are the cause of much tribulation, as well as the creators of much joy.

"I can't, at this time, refrain from expressing the hope that you will at this meeting devise some means of eliminating from our state the irresponsibles that infect the different communities and parade themselves as being members of your profession. This type of practitioner is not only dangerous to your profession in bringing it into disrepute, but is extremely so to the public, who are usually unable to distinguish between the legitimate and the illegitimate practitioner, and the result is that the public is not only compelled to combat with disease, but is also compelled to suffer from the ignorance and irresponsibility of the quack.

Self-Sacrifice Needed.

"No profession represents a greater type of public benefactors than does the medical profession. Nor does any other profession exact or entail a greater amount of self-sacrifice or the effacement of self to a greater degree. No profession requires greater study or more thorough research than does yours, and this has been ably demonstrated during the past decade in the gigantic strides that the medical profession has made, in the understanding and mastery of anatomy as well as the complete comprehension and knowledge of the many organic diseases and their causes that the human family is heir to and forced to combat.

"That your meeting will be resultant of much good is to be hoped for and expected. That the different communities of our state, and of the nation, will be benefited by your deliberations and the interchanging of ideas and opinions is assured. That your assemblage will impart such information as will be valuable in contending with epidemics and in the establishment of better sanitary conditions is expected. That your visit in our city will be of the most enjoyable character is the express wish of all of our people."

President Taylor gave his annual address, which was listened to with interest, and Secretary Cahoon read her annual report.

Many Papers Read.

Dr. George W. King, of Helena, was on the programme for a paper on the "Health Problems of the Graded Public Schools," but he did not arrive, and Dr. Sievers filled in the time with an exhibit of anatomical views, with the projectoscope. A paper on "The Rights of the Tuberculous" was read by Dr. C. T. Pigot, city health officer, and Dr. H. D. Kisler read a paper on "Thrombophlebitis." Dr. T. S. Witherspoon, of Butte, Dr. Peter Potter, of Butte, and Dr. S. T. Orton, of Anaconda, were among the speakers of the session. All of the papers were thoroughly discussed, and many doctors related personal experiences in the subjects under discussion.

Dr. C. E. Riggs, of St. Paul, professor in the University of Minnesota, and an authority on nervous and mental diseases, read a paper on "Perverted Metabolism; Its Relations to Certain Neuroses and Psychoses."

Dr. Jacob Frank, of Chicago, recognized as one of the foremost surgeons in this country, is in attendance on the meetings, and read a paper on "Surgery of the Liver."

The House of Delegates of the association made its report, but referred everything to the convention. It decided to have bulletins of the proceedings of the convention printed and

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sent to all members. The association received invitations from Butte, Helena and Missoula to hold the next convention in those cities. The invitation of Missoula was accepted.

Papers were read by Dr. G. T. McCullough, of Missoula; Dr. Jacob Frank, of Chicago; Dr. J. A. Donovan, of Butte; E. B. Patterson, of Phillipsburg; A. L. Ward, of Boulder, and a paper by Dr. T. D. Tuttle, of Helena, was read by title.

The treasurer and secretary made reports to the convention, showing the treasury to be in good condition and the membership of the association to be steadily growing. Over $1,000 on hand.

Resolutions were adopted on the deaths of Drs. O. Y. Warren and A. W. Corner, of Butte; J. M. Waters and R. M. Whitefoot of Bozeman.

After a vote of thanks to the city council for the use of the hall, and thanks to various other bodies and people, the thirtieth annual convention of the Montana State Medical Association adjourned.

Banquet Is Held.

A banquet was held at the Country Clubhouse, at which were present all of the visiting doctors and a large number from Butte, 100 in all.

Dr. T. C. Witherspoon was toastmaster. Among the guests and speakers were: "The Butte Profession," Dr. W. L. Renick, of Butte; "The Beauties of Montana," Dr. W. W. Taylor, of Kalispell; "Homeopathy," Dr. G. E. Blackburn, of Butte; "How to Be a Good Liver," Dr. Jacob F. Frank, of Chicago; "Butte Hospitals," Dr. R. C. Monahan, of Butte; "Impressions of a Visitor," Dr. C. E. Riggs, of St. Paul; "The Woman Physician," Dr. Phoebe A. Ferris, of Butte; "The Health Office," Dr. C. T. Pigot; "Impressions of the New Member," Dr. M. J. Scott, of Butte; "Bugs," Dr. Howard Ricketts, of Chicago; "Ethics," Dr. George W. King, of Butte; "Railroad Work," Dr. W. F. Cogswell, of Livingston; "Why Are We Here," Dr. M. D. Hoyt, of Glasgow; "The American Medical Association," Dr. Donald Campbell.

At the final session Dr. I. D. Freund was elected president; Dr. Rudolph A. Horsky, of Helena, first vice-president; Dr. C. W. Jump, of Bozeman, second vice-president; Dr. E. F. Dodds, of Missoula, third vice-president; Dr. Grace Wilson Cahoon, of Butte, secretary; Dr. C. T. Pigot, of Butte, treasurer; Dr. Donald Campbell, of Butte, delegate to the American Medical Association, and Dr. Cahoon as a delegate to a national convention of state secretaries, which will be held there at the same time.

The Right of the Tuberculous.

Dr. C. T. Pigot, of Butte, read a paper before the Montana Medical Association in Butte on the above topic, which was as follows:

The registration area of the United States comprises one-third of the states and one-half of the population. In 1906 in this area 75,512 deaths occurred from tuberculosis, an average of one in every nine. It killed six times as many persons as diphtheria, 23 times as many as scarlet fever and 800 times as many as smallpox. These last named diseases are feared alike by the profession and the laity and when they appear, energetic action is taken to control them. Tuberculosis differs from them chiefly in that it is less contagious, more chronic and usually less feared.

Rights of Consumptives.

These rights are: The right to a correct diagnosis; the right to know his condition; the right to information; the right to proper treatment; the right to state aid, if necessary.

The right to a correct diagnosis is

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the keynote in the arch of his protection. It is a matter of regret that science has not, as yet, given us an infallible method of diagnosing tuberculosis in its incipient stages. We have the Koch, Denzy, Judean and other emulsions, the Calmette test and the microscope. The injection of the tuberculosis has never been accepted as giving certain proof and many authorities regard it as a more or less fallacious test. The Calmette test is receiving the same attention given to all new methods.

Diagnosis Difficult.

Men are investigating and although in some cases their opinions are as divergent as the poles, the concensus of opinion seems to be that we have here a valuable and accurate method of diagnosis and the medical profession of Montana should be quick to avail itself of it. The microscope is to be relied upon only in advanced stages and even then the bacillus may be found only after repeated examinations. Every physician knows this, yet how few there are who are willing to search several times for the elusive germ. When a patient consults us and there is any suspicion of tuberculosis, it is due to him that we should use every method and means at our disposal to determine whether or not the tubercle bacillus is the cause of his disease. A correct determination of this is the basis for all future action.

False Sympathy.

Upon diagnosis follows the question as to whether or not he will be accorded the right to know the truth regarding his condition. False sympathy and faulty logic lead many men to conceal from the unfortunate the seriousness of his condition. They argue that to tell him the plain facts will be to depress and dishearten him and ultimately hasten his end. This may have been true in the time when tuberculosis was regarded as incurable, but it no longer holds good, for no chronic disease is so amenable to treatment, especially in its incipient stages, as pulmonary tuberculosis. Consequently, we have no reason to hesitate about revealing to him the existing state of affairs. Looking over the death certificates filed away in the office of the department of health of this city, you will find emphysemia, asthma, chronic pneumonia and chronic bronchitis given as the cause of death of cases that were tuberculosis beyond any question of doubt; and the attending physician knew them to be so. The man who signed that certificate deceived his patient and falsified the death record. He did no good to anyone, but did an injury to the victim and harm to the community.

Why is it so essential that we should inform the patient of his condition? Because if we do not do so, we deprive him of his right to live.

There are few present who have not at some time come in contact with a consumptive who when first taken ill consulted a physician and was told that his trouble consisted of a little weakness of the lungs or something else equally satisfying to him and quieting his fears. The result of this information was that the victim enjoyed a false sense of security, neglected proper care of himself, failed to enter upon the hygienic regimen and line of treatment which might have in time restored him to health, gradually and progressively lost ground and when too late awoke to the realization of the fact that he had reached that stage when hope of cure does not exist and where the future holds nothing but years of lingering suffering and finally death.

The probability of health regained, the certainty of years added to his life were denied him by his physician.

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Such action is criminal, yet it is happening every day in this community.

Danger to Community.

In addition to the harm done the patient, there is created a danger to his fellows. Ignorant of his true condition, unwarned as to the possibility of conveying the disease to others and uninformed of the steps to be taken to protect them against himself, he unwittingly sows the seeds of disease broadcast. New foci of disease are created, buildings become infected and the work of spreading the disease goes steadily on. And all this can be prevented by the exercise of common honesty upon the part of the physician. Every practitioner should consider it his duty to impart to his patient as much information as possible regarding the nature of his ailment and the steps to be taken for its cure and suppression. This would be the most effective agency at our disposal for the control of this disease.

Public Owes Aid.

The consumptive has the right to receive the treatment proper for his condition. Apart from personal hygiene, and the adoption of regular habits of life, proper feeding and fresh air are the main essentials. As one observer puts it, he requires 18 meals of oxygen per minute and three meals of food per day. For the man of independent means the requisite treatment is easily to be had; the man of slender means cannot obtain it. This is the man who is entitled to the aid and assistance of the state.

Sanitarium treatment means outdoor life, proper food and regular habits of life. This is the ideal treatment for tuberculosis, and under present conditions it is absolutely beyond the reach of the poor. The federal and state governments expend large sums of money in handling the criminal and insane; the various counties set aside funds for the maintenance of their poor; the tuberculous have no aid extended them. The consumptive, unless he has private means, sooner or later becomes dependent upon others, and in a great many cases becomes a public charge. (With the exception of insanity there is no disease which creates such a degree of dependency.)

A Matter of Economy.

Then again as the disease advances the subject becomes more and more a source of danger to the community at large. For these reasons it is necessary that aid should be extended to these people, and it is to the state that we look for it. Sanitaria should be, and in time will be, established for the care of tuberculous residents of Montana. The results obtained in other states have demonstrated their value, both from the economic and humanitarian standpoints. They are urgently needed, but they cannot be secured without considerable work being done by the profession. In this connection it is satisfying to note that at a meeting of the Montana Public Health Association, held January last, a society for the study and prevention of tuberculosis was organized. Its aims and plans will soon be laid before you, and it is an organization that requires and seeks the support of all of us. Its efforts, and those of the individual physician, will be the agencies through which, we believe, the unfortunate tuberculous will at length come into their rights.

Dr. Maxey Addresses Nurses.

On May 11th, at Boise, a very interesting address was delivered by Dr. E. E. Maxey to the trained nurses who graduated from St. Luke's hospital. In the course of his remarks, he said:

"Probably very few of those present here tonight realize how ex-

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tremely fortunate we are in living in this day of scientific advancement. Were we to confine our remarks entirely to the advancement made in medicine and surgery during the past 50 years we would have more than enough to occupy our attention for one evening. In fact, if we were to take from medicine and surgery the achievements of the last half century, we would practically remove from science most of that which is useful and practical in modern medicine and surgery, for, two generations ago, our science, as compared with what it is today, was extremely crude and empirical. For example, chloroform and ether were just coming into general use as anaesthetics, and neither antiseptic or aseptic surgery was more than thought of. Antitoxins were unknown. The bacterial cause of infections was not believed in, and the people were helpless in the presence of an epidemic of smallpox, yellow fever, typhoid fever, or diphtheria. Sanitary methods were extremely crude and ineffectual in those days. Our knowledge of chemistry, physiology, bacteriology, pathology, therapeutics, microscopical anatomy, methods of diagnosis, surgery, and in fact every branch of medicine, have made such wonderful strides forward that the well-posted physician of 50 years ago would be at a loss to find anything familiar in modern medicine.

"When on duty the nurse's first care should be to promote the comfort and welfare of her patient. Besides faithfully carrying out the orders of the attending physician, there are many little things, not mentioned in the book or lecture, the nurse may do which will add much to the patient's peace of mind and general comfort, and all these "little things" will be appreciated by the patient, even more than he may acknowledge to you. Your reward will come in the praise he or his family will sing for you afterward. In your relations with the sick be patient and forbearing, and, so far as the patient's best interests will allow, humor him in his various innocent demands on your attention. Remember, too, that you are dealing with a sick person, often irresponsible, and that sickness is apt to emphasize or bring out the disagreeable features of one's character.

"During the time between the visits of the attending physician, the nurse is in absolute command in all matters pertaining to the patient and the sick room. Be firm if occasion should arise requiring the exemplification of your authority. The nurse should make it her duty to learn what, if any, serious complications are liable or possible in each case under her care, and familiarize herself with the proper emergency treatment. If you do this, there is less probability of your becoming 'rattled' or 'losing your head,' should such emergency arise, and your value will rise 100 per cent in the opinion of the patient's friends.

"The nurse on all occasions should avoid talking about her patients. She should particularly refrain from repeating anything a patient may say while delirious or under the influence of anaesthetic or drug. A gossiping nurse is not without danger, and it would be safe and better for you to have the reputation of being non-communicative rather than to talk too much.

"But the nurse's life is not all sentimental, for the obstetrical and surgical nurse fills a very trying position, and, to be successful, must be especially adapted to her chosen calling. In the lying-in chamber she has two patients under her care, and many demands are made upon her

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time, strength, and good nature, both by day and by night. The trained nurse must be cheerful and obliging, as well at neat, trustworthy, and entirely truthful. Above all else she must be thoroughly in accord with the physician, obeying his orders to the last degree. The nurse, like the physician, must be scrupulously neat and cleanly in her habits and instincts; she should intuitively avoid all things unclean.

"In closing, let me admonish you to put forth your best efforts to attain the highest degree of efficiency in your chosen profession. Be patient at all times; be persevering; be industrious; be polite and amiable; be honest and kind and pure."

OBITUARY.

Dr. M. L. Adams.

The death is announced of Dr. M. L. Adams, of Ballard, Wash. The Doctor became infected with blood poisoning the latter part of April, and was taken to the Seattle General Hospital, where he died on May 2nd. He was for several years health officer of Ballard, and was highly respected by the entire community. The Doctor was born in 1854, and was a graduate of Vanderbilt University Medical Department, of Nashville, Tennessee.

Serotherapy of Gonorrhea.

R. H. Herbst (Journal A. M. A.), reports the results of treatment of 52 cases of gonorrheal infection with the Rogers and Torrey antigonococcic serum, the method of preparing which is described. The administration was by injection into the abdominal wall, and the amount given ranged from 2 to 6 c.c. at a dose. The injections were given from 48 hours to 7 days apart, depending on the severity of the reaction. The reaction varied from a slight local urticaria to a more severe form with dermatitis, slight fever and increase of pulse rate. Is usually disappeared in from 24 to 48 hours, but in one case it lasted 5 days, with general dermatitis and fever. The cases are classified as follows. 1. Acute infection of the anterior, or anterior and posterior urethra, with or without prostatic or seminal vesicle involvement; 17 cases; no results. 2. Subacute gonorrhea of the anterior or anterior and posterior urethra; 9 cases; no improvement in 8; 1 cleared up after the third injection. 3. Chronic gonorrhea of the anterior or anterior and posterior urethra; 11 patients; 7 unimproved; 4 cleared up after from 4 to 8 injections. 4. Acute gonoccoccus infection of the epididymis; 4 cases; 3 did not improve as fast as is usual with local treatment; one cured with 6 injections of 4 c.c. each in two weeks. 5. Acute gonococcus infection of joints; 4 cases; one still under treatment; 3 not much changed. 6. Chronic gonorrheal joints; 7 cases; all improved quickly after the first few injections. Three cases are reported in detail. Herbst concludes that the serum is ineffective in acute gonorrheal infections in any region of the body; that its value in subacute and chronic cases is dubious, although in a few isolated cases it seemed to do better than ordinary local treatment; that its value in chronic gonorrheal joint affections is beyond question, and that in this method we have an effectual treatment for these usually resistent cases.

Persistent, remittent fever after an acute infection of the knee joint is usually due to a systemic invasion. Such cases are best treated by laying the joint wide open (Mayo operation).—American Journal of Surgery.

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Book Reviews

The Practical Medicine Series, Comprising Ten Volumes of the Year's Progress in Medicine and Surgery, under the General Editorial Charge of Gustavus P. Head, M. D. Vol. I. General Medicine, edited by Frank Billings, M. S. M. D., and J. H. Salisbury, A. M. M. D. Series 1908. Chicago: The Year Book Publishers. Also Vol. II. General Surgery, edited by John B. Murphy, M. D. Same publishers.

This highly valuable series begins in its first volume for 1908 with extracts covering the progress made in treatment of diseases of the respiratory organs, the circulatory organs, the blood and blood-making organs, general infectious diseases, diseases of the ductless glands, metabolic diseases and diseases of the kidneys. This is a very wide range, and there is nothing late and of value that is not embraced in these pages.

The volume on General Surgery is larger, and has a comprehensive introduction by Dr. Murphy, which is concise and outlines in few words the new work of the year. The general practitioner, and also the specialist, will find many hints in this volume of great interest, as it contains the suggestions of the most experienced men in the profession, made during the last twelve months.

The Sexual Question. A Scientific, Psychological, Hygienic and Sociological Study for the Cultured Classes. By August Forel, M. D., Ph. D., LL. D., Formerly Professor of Psychiatry at, and Director of, the Insane Asylum at Zurich, Switzerland. English Adaptation by C. F. Marshall, M. D., F. R. C. S., late Assistant Surgeon to the Hospital for Diseases of the Skin, London. New York: Rebman & Co., 1908.

This work is all that will be expected from it by the reader who studies the title page. It is the fruit of long experience and reflection, and possesses two fundamental ideas—the study of nature, and the study of the psychology of man in health and disease. It has been translated into several languages, and fills a niche in medical literature that had not before been occupied. Many works are on the market which are exceedingly helpful to the medical profession, dealing with different phases of the sexual question, but the writer of this work has brought to his study a wide experience, and an ability to place his views in choice language, which compels attention, and which conveys much of value to the reader.

The writer seeks to study the sexual question under all its aspects—scientific, ethnological, pathological and social, and to see the best solution of the numerous problems connected with it. He has based his opinions on the sexual question on his scientific study of the human brain, and on the long personal experience of an alienist who has devoted himself almost as much to normal mentality and questions of social hygiene as to pathological mentality. The work is divided into nineteen chapters. The first seven deal with the natural history and psychology of sexual life; the eighth chapter with its pathology, and chapters nine to eighteen with its social role; that is to say, its connection with the different domains of human social life.

Some views of the author are at variance with those very generally accepted by the profession. As, for example, where the author says that "it is a real pity to see so many healthy, active and intelligent girls become old maids, simply because they have no

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money, and do not wish to throw themselves away at the first scamp who comes. It would be better to allow a little free polygamy, with complete equality of the sexes and certain legal precautions, than to lose so much good seed and grow so many weeds." Again, he advocates freely anti-conceptional measures, which writers for the current medical magazines are as much opposed to (on paper) as are the members of the Roman Catholic priesthood.

There is much relating to sexual perversion which will be full of valuable suggestion to the practitioner who is frequently consulted in such cases.

Cosmetic Surgery. The Correction of Featural Imperfections. By Charles C. Miller, M. D. Second edition, enlarged. Including the description of numerous operations for improving the appearance of the face. 160 pages. 96 illustrations. Prepaid $1.50. Published by the author, 70 State St., Chicago.

The demand is growing, doubtless, for skillful featural surgeons, and the author of this work feels that he cannot do a greater service than to offer the results of his experience. All the operations described in this book are performed painlessly after infiltration. This is a field that has not been worked to any great extent, but as civilization advances, and wealth accumulates, it will be developed, especially if the public believes that such surgery can be performed with comparative painlessness, and that there is slight risk of failure in the operation.

Pearls at Random Strung, or Life's Tragedy From Wedding to Tomb, Including the Scientific Causes of All Diseases, Poverty, Premature Death and Longevity. By C. H. Piggot, A. A. I., Portland, Ore., 1908.

The author of this work declares that it is full of pearls. He should know, as he wrote it himself. But it is certain that a great many things therein would meet with disagreement among the civilized portion of humanity. For example, where he advises, on page 22, that one should bathe the body not oftener than once each month, on the ground that "that is often enough for anybody." In the same line, on page 89, he asserts that "the persons who bathe and change their underclothing about four times a year rarely die of disease."

It must be admitted that the reviewer was not a little discouraged on finding these, and similar statements, worked off on the reader as "pearls," and the discouragement was so pronounced that he failed to find much elsewhere between its covers to commend. Mr. Piggott is one of the large number of people in this world who have ideas, many of which are at variance with the general run, which must be worked off on the public, and in this case this book is the result.

Saunders' Forthcoming Books.

Messrs. W. B. Saunders Company, medical publishers of Philadelphia and London, announce for publication before June 30th, a list of books of unusual interest to the profession. We especially call the attention of our readers to the following:

Bandler's Medical Gynecology—Treating exclusively of the medical side of this subject.

Bonney's Tuberculosis.

Volume II, Kelly and Noble's Gynecology and Abdominal Surgery.

Volume IV, Keen's Surgery.

Gant's Constipation and Intestinal Obstruction.

Schamberg's Diseases of the Skin and the Eruptive Fevers.

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John C. DaCosta, Jr.'s, Physical Diagnosis.

Todd's Clinical Diagnosis.

Camac's Epoch-Making Contributions in Medicine and Surgery.

All these works will be profusely illustrated with original pictures.

Pathologic Conditions Following Turbinate Operations.

F. R. Packard, Philadelphia (Journal A. M. A.), remarks on the comparative rarity of unfortunate sequels to operations on the turbinates, considering the vulnerability and exposed position of the parts and the vast number of operative procedures to which they are subjected. Septic conditions following turbinal operations are by no means so common as one might expect, at least in the reported cases. He reviews a number of such found in the literature, and reports a personal observation of a curious case of transient reflex blindness of the left eye following an operation for removal of a portion of the middle turbinate of the left side. The patient was examined by an oculist at the time and no cause for the condition discovered. Similar cases of amaurosis and other nervous disturbances, reported by Holmes, Chappell and others, are referred to by Packard.

Prevention and Treatment of Cystitis

Paul Pilcher, Brooklyn, says that the direct cause of cystitis is always bacteria. The other contributory causes include ingestion of irritating drugs, traumata, diseases of the generative organs, etc. Cystitis is often localized and patchy rather than involving the whole bladder. The most frequent site for development of cystitis is the trigonum and base of the bladder. Diagnosis involves a complete history of the illness, careful examination of patient and the urine, and cystoscopic examination of the bladder. Preventive treatment depends on preventing traumata, lessening the number of catheterizations, and precautions in asepsis in the use of instruments. In all cases the underlying cause must be removed if the treatment is to be successful. In acutes cases heat, sedatives, and dilution of the urine are indicated. In the chronic form irrigations with warm, sterile water and applications of silver solutions give the best results.—Medical Record.

"He has achieved success who has lived well, laughed often, and loved much; who has gained the respect of intelligent men and women and the love of children; who has fulfilled his duty and accomplished his task; who has left the world better than when he found it, whether by a perfect poem or a rescued soul; one who has never lacked appreciations of the earth's beauty or failed to express it; who has already looked for the best in others and given the best he had; whose life was inspiration, and memory a benediction."

In the case of a urethro-vaginal fistula, the vaginal opening can readily be discovered by the injection of methylene blue into the bladder and noting its escape through the vagina. If, however, the opening communicates with the ureter, the blue colored fluid cannot be seen. In such a case, a catheter at times can be passed directly from the vaginal opening into the ureter.—American Journal of Surgery.

The tension on the sutures after an operation for epigastric hernia may be relieved by placing a pillow under the knees and propping the patient up in bed.—American Journal of Surgery.

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Extracts

Evils of the Lodge Practice System.

Mr. President and Members of the Santa Barbara County Medical Society: It is far from my purpose tonight to introduce into my remarks anything of bitterness, or to condemn outright with rash statement that particular form of contract for medical service known as lodge practice; the subject is too large a one to be viewed from but our standpoint, too complicated a one to be handled harshly. The medical profession is not yet a unit on the value or the perniciousness of lodge practice to society and to the profession. The condition as it exists today is, however, provocative of much discussion throughout the medical world, and efforts toward a solution are read of in almost every reputable medical journal. With constantly increasing volume the flow of opinion is reaching the conviction that the present system of lodge practice is, in the main, dangerous to lodge members and inimical to the welfare of the profession. This last statement expresses my convictions, and I hold to them as I hold to convictions in politics, in religion, in morals, without feeling of animosity toward those who differ with me.

In this age of the world, movement in the social fabric is toward association; most accomplishments, good, or bad, affecting greater or lesser divisions of humanity, in the industrial, labor, financial, religious and purely social spheres, are maneuvered to completion through the force of many minds acting in unison. Mutual helpfulness is the guiding motive—the desideratum, the greatest good to the greatest number. This sounds utopian; it isn't though; the innate selfishness of man, singly and in the aggregate, does not suffer annihilation in the momentum of associate action; the conflict for self-aggrandizement, for power, for gain at the expense of others, finds expression within the very center of the charmed circle directing a movement, and the movement itself is scarce likely to take heed of individuals or other movements, which it is to its interest to use or to crush.

Fraternal orders, lodges, clubs, are expressions of our civilization today; they have been evolved from the social aspirations of man, and are associative movements directed primarily toward bringing congenial persons into closer contact for various purposes. In this country, except in very recent years, the chief aims appear to have been the promotion of bon comaraderie, healthful pleasure, intellectual gain, and the institution of financial benefits to members in need through sickness. As such, fraternal orders and lodges have been important factors in social and industrial life, and well deserve their integral part in the body politic.

At the present time, however, the chief aim of many fraternal orders appears to be the exploitation and control of physicians in the interests of the numerical and financial growth of the lodges, and mainly at the expense of the physicians. This, I realize, is a very radical statement, at which vehement exception might be taken, and I shall qualify it. I do not believe this status of affairs to have been intentionally born and fostered; it has been evolved from the sick benefit encumbrances of the lodges, and is altogether an expression of the manner in which expenses incurred by members through the onslaught of disease have been reduced to a minimum. The lodges

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have had in mind the best possible arrangements for the greatest possible number. The movement concerns itself but little with, and that to flatter, the interests which it uses, and sweeps on regardless, because blind to the dangers which beset its course. I am free to confess, however, that in view of so many lodges having been formed whose only aim appears to be to get medical services cheaply, that I believe unscrupulous men, taking keen advantage of conditions as they are, have found it to their financial advantage to organize lodges, using doctors' services as a magnet to gain members.

The above is an attempt explanatory of the involvement of the medical profession in lodge practice. I admit the explanation is a bit hazy. The problem which confronts us as medical men, however, is not the cause of the existence of the practice; we must concern ourselves with the evils manifested in the workings of the system. And here let me say it will avail us nothing to rail at the lodges for their introduction and management of this practice; they have merely grasped an opportunity. Nor should aught be said in scathing denunciation of the doctors who have lent and are lending their efforts in furtherance of the practice. Let us be just to them; they—most of them—believe fully in the propriety of the system, and in the real good to be accomplished through it. Also many physicians have made a fair competence through their lodge work and have rendered excellent service to patients. They have been and are honest in their convictions of an economic basis for the system.

Yet I think it can unqualifiedly be stated that physicians are wholly responsible for the development and maintenance of the lodge practice conditions as they exist today. As originally evolved and handled, the system seemed to promise well—there was no spirit of cupidity in it—it promised good to the lodges, it promised good to the doctors, and to neither appeared aught of harm.

What is the clinical picture, as it were, of the situation today? Doctors in many instances have allowed themselves to underbid each other for the medical work of the lodges. How does this affect society, represented by the lodge? How is the medical profession affected thereby?

Medicine has ever been a respected calling, yea, even a noble one. It is a profession, an occupation devoted to service of the world—its aims are higher than mere livelihood. It is not a trade, making it competitor with other trades; its devotees assist each other as colleagues for the common good of humanity. Benefits to self are secondary matters. Is it not true, then, that bidding for lodge patients debauches the profession from its high position into the marts of trade, and makes financial income to self paramount to the service to be rendered? Truly the baneful spirit of our commercial age has tainted a noble calling.

What injuries does the individual doctor suffer through lodge practice—in what manner does he injure his professional brethren because of his acceptance of such work?

First: So small are the fees received—scarcely any lodge pays its doctor above two dollars a year for each member, and some lodges require the doctor for this sum to attend to all ailments, not only for the member, but also for each and every member of his family—that the doctor dependent on these alone is unable to afford proper equipment for his work, unable to travel at times to the centers of medical activity, nor is he able to buy journals and

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books that he may keep abreast of the advances in his profession.

Secondly: The dignity which should be his is stripped from his shoulders. He must constantly be in the fear of censure from the lodge through complaint of some member not pleased at his inability to respond as promptly as desired to a call. He is a slave to demands for attention on part of members day and night, for ailments, many of them too trivial to merit a physician's care; he must respond, however, because of terms of contract.

Third: Being sure of his fees, the doctor as a rule examines his patients in a slighting and cursory manner; he knows full well extra attention to diagnosis and treatment in no way affects his compensation; he grows careless and his diagnostic acumen falls off; treatment follows snap shots or guesses. The doctor thus works grave injury to himself —study and self-improvement slough off.

Fourthly: The lodge physician is not hail fellow well met with his brother practitioners. They look upon him as having introduced ruinous cutting into a fair schedule of fees, which enables the profession to keep abreast of medical advancement, thereby assuring the public always the best in therapeusis.

Fifthly: The bitterness, the charges and counter charges, and the dissentions engendered between the lodge doctors and those not so engaged causes toward the profession a lessened feeling of respect from the public, and they grow skeptical that we have their real welfare at heart, and regard their bank accounts as of only minor consequence.

The members of the medical profession who do lodge practice suffer, therefore, most, perhaps, in their fall from professional tone and high ideals. What do the lodge members who receive the practice lose, or, perhaps better, fail to receive?

Because of the poor compensation they pay, the services rendered to them, as a rule, are of low grade. The careful, assiduous attention which they, as patients, expect from doctors, is withheld from them. The lodge doctor, commercially biased, when called into a case of sickness, shrugs his shoulders with the thought: "Well, it's only a lodge patient. I have been paid, or will be, regardless of any special attention I may give this man." He therefore does not exert himself; that sympathy which should flow to the patient from the doctor, that confidence which should be the patient's toward his physician, both are wanting, and the struggle for the mastery over disease is robbed of powerful weapons.

Lodges have made the serious mistake of rating all physicians in the same class as regards education, training, ability and earnestness, and they have believed that an ungraded type of services is furnished by all bearing the degree of M. D., and that these services should have ungraded compensation. Little do they appreciate how many lives have been jeopardized, how many weeks of unnecessary invalidism have been suffered with attendant evils to family and to society, through failure to recognize that merit counts as much and more in the handling of disease as in other phases of life. And merit which is knowledge is worth the extra cost.

Many lodges require their physicians to furnish medicines in addition to serrvices. Other lodges have contracts with drug stores by which prescriptions are to be filled for members at a minimum rate, chargeable to the lodge. Both these plans

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work almost invariably an enormous harm to those who rely on their physician to offset disease through the medium of drugs. In the first instance patients, instead of receiving drugs applicable to their conditions, which, of course, the illy-paid doctor is unable to buy, are made the recipients of nostrums and proprietaries of all types, so kindly laid at various times by the road agents on the doctors' office desks. Thus the patient is duped, and the doctor is an unpaid agent in pushing the nostrum traffic.

In the second instance the druggist, if he receives but, let us say, twenty-five cents a prescription, is unable to make any money if the doctor's prescriptions would overreach that limit. Consequently the doctor and the druggist, who as a rule are brothers, fraternally speaking, arrive at an agreement by which all prescriptions written allow the making of ten or fifteen cents on the twenty-five cent basis, in which profit often the doctor shares. Thus the confiding patient, perhaps needing medicine costing a dollar or more, has foisted off on him something costing little to furnish, and maybe not at all beneficial to his condition. Graft in a petty form, and in that form inimical to health, is thus a feature which has become introduced into the lodge practice system.

In view of the preceding, the lodge medical practice system is working grave injury to society and to the profession. Surely the evil must not be allowed to grow. The lodges as yet unappreciative of the dangers they are subjected to will certainly not make the first efforts to bring about a change. The solution rests with the medical profession. We have it in our power, at least in this country, to apply the needed remedy. This remedy is a simple one; it consists in the solidification of the profession in opposition to the practice.

I urge on every physician membership in the American Medical Association, whose aims are the safeguarding of individual and public health. Despite the carping and false statements constantly being hurled at this splendid organization from charlatans, quacks, dogmatists, faddists and malcontents, commercially biased, in the profession, to the effect that it is a medical trust, it is nevertheless true that the A. M. A. is directing its energies to the highest expression of service to mankind through a training for its members most comprehensive and rigid, asking in return fair compensation only, that it may have opportunity to ever increase the value of the service. Let each one of us, then, take our full part in the movement and lodge practice which runs counter to these high desires must cease to exist.

In conclusion, let me say I have no quarrel with the many honest doctors, who, with strong convictions, have rendered and are rendering conscientious attention to lodge members under the lodge practice system. I have only been opposing a principle which to me appears radically wrong.—Rexwald Brown, M. D., in California State Journal of Medicine.

A Suggestion to Life Insurance Companies.

So far as their policy-holders are concerned, life insurance companies have two chief objects in view: First, that every policy-holder shall be physically sound when his policy is issued, and, second, that he shall live as long, and pay as many annual premiums as possible. These two conditions are also of great importance to the policy-

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holders themselves, because a low death-rate means a smaller cost of insurance. All life insurance companies are careful, some more so than others, to see that their risks are carefully selected, and on the whole we believe that the medical examinations for life insurance in this country are rigorously and honestly made, and that the great majority of accepted applicants are sound at the time their policies are issued. This, of course, is as it should be, but so far as we know no effort is made by any life insurance company to keep in touch with the physical condition of its policy-holders after their policies are issued. Life insurance companies will, of course, admit that anything which would add five or ten or more years to the average longevity of their policy-holder, so that they would pay just that many more annual premiums, would be an immensely valuable stroke of business. We believe that this very thing is possible, although, of course, we would not go so far as to state anything definite as to the average increased longevity that might be brought about. There is probably not a physician who has not many times in his experience detected, while examining a patient for some other purpose, the early signs of some beginning organic disease, of which there were no symptoms and of the existence of which the patient had no suspicion. In such cases the early recognition of the first evidences of the disease has enabled the physician to so order the life of his patient as to either prevent the further progress of the disease, if it is a curable one, or to retard its progress and to enable the patient to live much longer than he would have lived had the disease not been recognized until later. Many persons die of kidney disease, of tuberculosis, of cancer, of diabetes, of heart disease, and of other diseases every year, and many millions of dollars are paid by the life insurance companies which have issued policies on the lives of these persons, who were sound when the policies were issued, and who might have lived much longer and paid many more annual premiums if the diseases which caused their deaths had been recognized and properly treated in their earliest stages. Our contention is that it is perfectly possible to recognize, in many cases, the early signs of these diseases before the individual suspects that any evidence of such disease is present, and that life insurance companies would save large sums of money which they now pay in death losses by inaugurating a plan of systematic re-examination of all their policy-holders at regular intervals, say every five years. This, of course, could not be made compulsory on all policy-holders, but we believe that the great majority, if the reasons for the examinations were explained to them, would be very glad to report to the medical examiner at a specified time and submit to the necessary examination. The expense to the companies would be trivial, and in certain cases where the policy-holder was insured in two or more companies the expense might easily be divided. Indeed, the companies might enter into an agreement for the exchange of information regarding all policy-holders as they do now in regard to rejected or postponed applications, and still further reduce the expense. The details of the plan which we suggest would, of course, have to be carefully worked out by the companies, but we feel certain that by adopting some such plan as we have in mind, the statistics of life insurance companies would after a few years show a greatly reduced mortality with correspondingly increased profits to the business, and

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a lessening of the cost of life insurance. The whole tendency of modern medicine is toward the early recognition and the prevention of disease, and the life insurance company which first makes a practical application of this principle to its business will not only bring about a revolution in the business of life insurance, but will also confer an immense and lasting benefit to the world.—St. Paul Medical Journal.

The Crusade Against Tuberculosis.

All over the world the campaign against tuberculosis is being vigorously prosecuted at the present time, and the coming International Tuberculosis Congress in Washington will direct particular attention to the work being done in this country. The active co-operation between the medical profession and the laity in this campaign is particularly significant, as the greatest results are to be looked for through the general education of the people regarding the nature and prevention of this disease. Three chief facts concerning tuberculosis must be impressed upon the people, and when those facts are thoroughly understood by all the people, the work will have been more than half done.

These facts are: First, that tuberculosis is a preventable disease; second, that it is a communicable disease, and, third, that in its early stages at least, it is a curable disease.

The medical profession is ready to do its work in showing how this disease may be prevented, how those who have the disease may keep from communicating it to others, and how the disease may be cured. Minnesota is thoroughly awake to the importance of this great work and is entering upon an active educational campaign in which many prominent men and women have enlisted themselves. The work is being conducted under the general supervision of the State Board of Health and under the personal direction of Mr. Christopher Easton, who has come to Minnesota for this purpose and who has had considerable experience in similar work in other cities. At a recent meeting of representative men and women of St. Paul, a committee was appointed to draw up a form of organization for local work. A special registration bureau will be arranged for the purpose of obtaining, as far as possible, an accurate census of the cases of tuberculosis in this city, so that personal work may be done among them. A special tuberculosis clinic will probably be organized and lectures will be arranged for before various organizations of the city. Mr. Easton, as director, has prepared a traveling tuberculosis exhibit, which will make a tour over the state, where it will be exhibited under the auspices of various local organizations, and which will undoubtedly awaken great public interest and be of immense educational value. Never before has there been such an active and hearty co-operation between the medical profession and the people on a matter pertaining to the public health, and although the present campaign is directed against a single disease, the object lesson cannot fail to show that what can be accomplished in this way toward stamping out tuberculosis can also be accomplished for other diseases, and we look for a general awakening to the importance of Preventive Medicine in the near future.—St. Paul Medical Journal.

Sources of Error in Gastric Diagnosis

Charles Sumner Fischer, New York,

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says the exploratory laparotomy is not always to be used to solve the question of diagnosis of abdominal diseases. Gastroenterostomy that gives immediate relief may not end in permanent relief, since the same faults of digestion remain, and sometimes the direct passage into the intestine is not a permanent advantage. Carcinoma of the stomach cannot always be diagnosticated by the cardinal symptoms, since emaciation and cachexia may not occur until late in the disease. A lack of ambition in a middle-aged person previously of active habits is a valuable sign. Most sources of error in diagnosis involve conditions of the pylorus. Presence or absence of a tumor is disguised by incomplete infiltration. Such conditions exist in small nodular growths at the pylorus, tubular infiltration of the pylorus, spasmodic reflex contractions, and duodenal obstruction just beyond the pylorus. Among remoter influences that may affect the pylorus and cause obstruction are sudden mental irritations, atmospheric changes, and hysteria. Two conditions near the pylorus may cause doubt of its normality—distention of the hepatic flexure of the colon and prolapsed kidney. The author gives differential diagnosis and tests for atony and gastric catarrh.—Medical Record.

Milk Sickness.

The causes of milk sickness, a disease formerly common in portions of the country but rare at present, are discussed by E. O. Jordan and N. M. Harris, Chicago (Journal A. M. A.), who report the discovery of a new focus of the disease in the valley of the Pecos River, New Mexico. The symptoms are chiefly persistent nausea and vomiting, obstinate constipation, sweetish acetone odor of the breath, muscular weakness, abdominal pain and prostration. There is little or no fever; little is known as to the incubation period and autopsy records are few and unreliable. It is peculiar in its association with certain localities, generally on the banks of streams, and with a disease of cattle, known as "the trembles" or "slows" with a symptomatology suggesting the human disease. There are numerous instances in the literature showing a connection between the use of the meat or milk of cattle sick with "trembles" and the disorder in man. Poisonous herbs generally have been credited with causing the disease in cattle, the white snakeroot, poison ivy, and in New Mexico, the ray-less goldenrod (Bigelovia rusbyi), but the authors express no opinion on this point. Two cases in the convalescent stage in man were observed by them and they were able to observe the progress of the disease in a herd of cattle and to obtain all pertinent data. The chief pathologic lesions were found in the liver, heart muscle, kidneys and small intestines; the changes are those of a parenchymatous nature, such as are frequently produced by toxic action in general; namely, cloudy swelling and fatty metamorphosis. The severest action is shown in the liver tissue. In other organs than those mentioned above, nothing of very particular interest was observed as yet. Bacteriologic studies revealed the presence in the tissues and body fluids of infected animals of a bacillus which, grown on agar cultures, showed as a rod a little smaller than the anthrax bacillus, occurring singly and in pairs and in occasional filaments, staining somewhat unevenly with methylene blue, spore-forming, the spores perfectly round and at the end of the rods in mature forms, reminding one of the tetanus bacillus.

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In immature forms the spores may be slightly oval and lie not quite at the end of the rod. They stain readily with any of the ordinary methods. The organism is motile and Van Ermingen's stain shows 10 or 15 flagella disposed peritrichally: the flagella measuring about five times as long as the bacillus. Full details of cultural appearances and of animal experiments, inoculation and feeding, are given, together with pathologic findings. As the inferences from the first fatal results of inoculation of rabbits with the bacillus obtained from the body fluids were supported by the later experiments with pure cultures, the authors have designated the bacillus as B. lactimorbi. As a more comprehensive study of the subject is intended the authors will be grateful to any physicians who will notify them at once of the occurrence in any locality of milk sickness or of the cattle disease, "trembles," "slows," or "alkali poisoning."

The Increase of the Army Medical Department.

The nation is to be congratulated upon the passage of the law increasing the efficiency of the Army Medical Department—the first step in the direction of preventing the repetition of the camp scandals of the Spanish war. The bill as originally drawn was quite modest, but it was side-tracked in favor of the Ordnance Department, and again the Artillery, and then, instead of being increased still further to provide for these two increases in the army, it was cut down below the original. Nevertheless, half a loaf is better than none, and the readjustment of grades will make promotion reasonable in the future. The medical officer becomes a captain in three years instead of five as formerly, and those who enter the army in the next few years will attain the rank of major in a comparatively short time, as they have only one hundred files to make. After the lower grades are filled to their new limit of three hundred, it will, of course, take longer to reach that rank, though even then the promotion will be fairly rapid. As the pay of all officers has been increased by another bill, the young doctor entering the service will now get $2,000 upon appointment, $2,400 as a captain, $3,000 as a major, $3,500 as a lieutenant-colonel, $4,000 as a colonel, with 10 per cent. increase for each five years' service up to twenty years, though the maximum pay of majors is limited to $4,000, lieutenant-colonels $4,500, and colonels $5,000. This is not unattractive in view of the fact that a house, light, and fuel are supplied to all, and horses when needed by captains and lieutenants, and that there is a retired pay of 75 per cent. if disabled. Though it is far less than what is received by men of equal ability who are the leaders of the civil profession, it is more than the income of 80 or 90 per cent. of general practitioners.

There was formerly no chance for many of the juniors to attain the rank of lieutenant-colonel, and a few could not become majors before retirement. In spite of that fact, Congressman Mann stated in the House that certain line officers had told him that the bill was unjust to them, as it gave medical officers too rapid promotion! It is now quite evident where the public can place the blame for opposition which has caused the long delay in increasing army efficiency.

The new bill creates a Medical Corps, which, with the Medical Reserve Corps, the Hospital Corps, Nurse Corps, and Dental Surgeons, constitutes the Medical Department. All the old absurd titles are abolished,

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and the medical officers are legally given the titles of their rank like other officers. The change has been advocated for a half century, but has always been opposed by those uxorious line officers who never went to war, but who believed that the army doctor's chief duty was to relieve colic among the babies of army posts—a duty not requiring rank. Congress has wisely ignored these unprogressives because it has at last realized that in his main duties of preventing disease, managing hospitals and the Hospital Corps, and the thousand and one things inseparable from what is called "Military Medicine," rank is an essential without which a medical man's opinion on army matters is not given the slightest weight.

The increases are spread over several years, as it would be clearly impossible to obtain so many men in one year, particularly as the present high standard will be maintained, but after all the vacancies are filled there will still be need of more men, as 444 medical officers cannot possibly suffice for an army of 100,000—but that increase is for future Congresses.

The Medical Reserve Corps is to be filled by commissioned first lieutenants, who will be paid only when in service, and it is hoped that they will form a nucleus in civil life for a large body of specialists for professional work in hospitals in time of war—providing they do not all get the notion that their proper place is chief surgeon of an army corps, and then use political influence to obtain commissions to do work for which they are not competent, as too many men without experience, and even non-practitioners, did in 1898. In war the future professional military medical officer will be engaged wholly in executive and sanitary work, and the hospitals will naturally fall to those hastily called from civil life.

It is absolutely impossible to make any change in the law regulating the medical officer's authority. That must come in time, for the only law of this sort at present in the revised statutes requires the medical officer to attend to the families of married officers and soldiers when his military duties permit, and nowhere does it describe those duties. In addition there is no provision for giving medical officers more complete control over the management, discipline, and inspection of hospitals, which are occasionally dreadfully handicapped by the interference of line officers ignorant of the needs. Nor has any change been made which will visit punishment upon medical or line officers who allow disease to kill more than the enemy. But public opinion will compel such changes in time even if line officers object. A good beginning has been made, although other nations have gone much further.—Medical Record.

In cases of suspected fracture of the skull, percussion-auscultation will be found a valuable procedure where all the other signs and symptoms have been negative. The procedure is the following: The forehead is repeatedly tapped sharply in the median line with the middle finger, the stethoscope being moved from one point to another from before backward. If a fracture be present, a cracked-pot sound is elicited just beyond it. The corresponding part of the head on the other side should be auscultated to eliminate possible error.—American Journal of Surgery.

A swelling in the inguinal region, painful to the touch is, of course, often an inguinal adenitis (e. g., following gonorrhea). But orchitis in an undescended testicle should be kept in mind.—American Journal of Surgery.

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The Medical Law in California.

In view of the discussion going on in eastern newspapers concerning the difficulty that eastern practitioners experience in their efforts to get into California, the following article by Dr. J. Park Dougall, President of the California State Board of Medical Examiners, will be of interest:

The present law regulating the practice of medicine in California went into effect May, 1907, repealing and superceding the enactment of 1901, which latter was the first law granting a combined board comprising members from the three schools of medicine. In 1907, to the above was added representation from the osteopathic system of therapeutics. To enable all to take the same examination, that part of a medical education by which schools are known was eliminated from the examination.

Thus we have a law which requires no examination in Materia Medica, Practice of Medicine or Surgery. At first thought this may appear paradoxical, on the other hand it makes a much less complicated law, and one in which all schools can justly participate.

Much adverse criticism has been directed toward the California law and its administration, and without in any way opening a controversy on this point, it must be said that such criticism usually emanates from some unfortunate, or from some overzealous light of the fraternity in the eastern or middle states, who is totally unaware of the circumstances and conditions peculiar to California.

The percentage of failures is increased by the ancient practitioner who has been told that California is a good place to spend his remaining days, and who through his deficiency in modern education, is in a class all by himself. Up-to-date, capable practitioners are not menaced by the law, but an applicant must expect to know something about the practicalities of diagnosis and treatment of diseased conditions. Recently an applicant appeared who had been in active practice over thirty years. This man, without counting the credit of 15 per cent for years of practice, attained a general average of over 81 per cent. A number of similar instances are on record, and it is usual to find that where an applicant fails in some technical branch, it finds company in such a branch as obstetrics or gynaecology.

The medical law and the rules of this Board require of an applicant who desires to practice medicine or surgery to file a diploma issued to him by a legally chartered medical college, the requirements of which were at the time of graduation in no particular less than those prescribed by the Association of American Colleges of that year.

Applicants who desire to practice osteopathy are required to file a diploma from a legally chartered college of osteopathy, having a course of instruction of at least twenty months, requiring actual attendance, and after 1908, of three years of nine months each, and including the studies examined upon under this act.

All applicants must produce to the Board such a diploma and an affidavit stating that he is the lawful possessor of said diploma; that he is the person therein named, and that the diploma was procured in the regular course of instruction and examination, without fraud or misrepresentation of any kind. Such affidavit may be taken before any person authorized to administer oaths (blanks to be furnished by the Secretary of the Board). The applicant must furnish

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satisfactory testimonials of good moral character.

Preliminary Education.

Documentary evidence must be presented, showing that the applicant has has a preliminary education at least equivalent to a High School course.

In addition to the above, every applicant must be personally examined on the following subjects: Anatomy, physiology, bacteriology, pathology, chemistry and toxicology, hygiene, obstetrics, histology, gynecology and general diagnosis.

There will not be less than ten (10) questions on each subject. The examination must be in whole or in part in writing, and in the English language. A general average of 75 per cent and a minimum of 60 per cent on each subject must be attained.

Applicants who can show at least ten years of reputable practice are granted a credit of five per cent on their general average, and five per cent for each subsequent ten years of such practice.

The fee is twenty-five ($25.00) dollars and must accompany the application. Fifteen ($15.00) dollars is returnable if the credentials are unsatisfactory.

If an applicant fail in his first examination, he may be re-examined at any subsequent meeting, and shall be required to pay for each of said examinations the full fee.

No special permits are authorized by law. No temporary licenses to practice are issued.

There is no reciprocity between California and other states. All applicants must take the examination. The regular meetings of the Board are held on the first Tuesday of April, August and December of each year. Examinations will be held on the first Tuesday of April and August, in San Francisco, and on the first Tuesday of December in Los Angeles. Applications must be filed with the Secretary not later than two weeks prior to the first Tuesday of April, August and December.

Applicants are cautioned against commencing the practice of medicine in California prior to receiving their license.

The Age of Effective Work.

It will be remembered that Professor Osler said a few years ago, in the speech which has made him famous, that the "effective, moving, vitalizing work of the world is done between the ages of twenty-five and forty," and that we might subtract from the sum of human achievement all that has been done by men over forty without missing anything of practical value to the world. Other things he said jokingly in disparagement of the world's workers on the shady side of forty, but that he was in earnest in making the statement above quoted he has never denied so far as we know. This astounding statement, coming from one of Osler's culture and wide reading, challenged attention and set men to thinking of the great achievements of middle-aged men and even those far advanced in years, and numerous examples of this kind were collected. Nevertheless, the lists of old workers were comparatively short, and an uncomfortable feeling remained that perhaps the old boys were after all of little use in the world, mere veterans lagging superfluous on the stage. Any such doubts may now be set at rest by reading the really wonderful record of achievement by men, some long past middle life, and all crossed the "dead-line" of forty, which Dr. W. A. Newman Dorland presents in the April and May issues of The Century.

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Leaving out of the reckoning the artists—poets, musicians, painters, sculptors, romancers, essayists, historians—whose work has brought joy into the world, we are reminded by Dr. Dorland's record that not a little of the practical work, "the effective, moving, vitalizing work of the world," has been accomplished by men over forty. Among the things that would be missed were we to subtract the work of the older men would be printing from type, the discovery of dynamic electricity, of oxygen, of vaccination, of the circulation of the blood; the invention of the reflecting telescope, of the Bessemer process of making steel, of the double-acting steam engine, of railways, and all the inventions and discoveries, and the advances in chemistry, medicine, manufactures and commerce, which have naturally followed these epoch-making achievements. History would have to be rewritten, for the names of Washington, Lincoln, Grant, Sherman, Kossuth, Talleyrand, Peel, Cavour, Nelson, Cromwell, Richelieu, Luther, John Knox, Palmerston, Bismarck, von Moltke, Garibaldi, Columbus, and a host of others would have been forgotten in the absence of their most notable deeds. In science, in manufacture, in commerce, in diplomacy, in literature, in painting, in music the gaps would be many and great, and the world would be centuries behind where it is today could the results of the work of men who had passed Osler's limit of forty years be eliminated.

Approaching the question from another point, Dr. Dorland has computed the average age of the great benefactors of the race at which each performed his masterwork, and finds that for the workers the average age is forty-seven, and for the thinkers fifty-two. The corollary of this is evident; it is, the writer says, that "provided health and optimism remain, the man of fifty can command success as readily as the man of thirty." The facts which Dr. Dorland brings forward as result of this painstaking research prove beyond question the absurdity of Osler's assumption, and should give heart to those who may have been influenced more or less unconsciously by his gloomy address to regard themselves as out of the race and past the age of usefulness to the world and their fellows. —Medical Record.

A Report of Thirty-one Cases of Congenital Dislocation of the Hip Joint Reduced by Manipulation.

Edville Gerhardt Abbott, Portland, Me., gives the histories of thirty-one cases of congenital dislocation of the hip joint reduced by himself. The ages of the patients varied from two to thirteen years. The results in thirty-three hips operated on were 60 per cent normal hips, twenty-seven hips in anterior position, 6 per cent failures. The author believes that these cases should be operated upon early in order to allow of the perfect development of the limbs which occurs after a normal position of the hip is reached. The operation does not require brutal force to be successful.—Medical Record.

Assistant Wanted for General Practice.

Man holding license in Oregon; prefer one who has had experience in hospital or private practice; salary. Address, ————, care Medical Sentinel.

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Personal

Oregon.

Dr. E. B. Pickel, of Medford, was in Portland last month.

Dr. S. M. Mann, of North Powder, has moved to Portland.

Dr. E. O. Parker, of Pilot Rock, has removed to Pendleton.

Dr. T. W. Harris, of Eugene, went to Seattle to see the fleet.

Dr. Nellie Smith Vernon is county physician of Clatsop county.

Dr. M. K. Hall, of La Grande, was a Portland visitor last month.

Dr. John H. Hubbard, of La Grande, is erecting a brick bungalow.

Dr. O. J. Goffin, of Moro, was a visitor at The Dalles last month.

Dr. Hamilton, of Roseburg, took in the Rose festival at Portland.

Dr. W. W. Smith, of La Grande, is spending the spring in Arizona.

Dr. W. H. Davis, of Albany, is negotiating for a new automobile.

Dr. R. D. Burrow, of Burnes, took a trip to the railroad last month.

Dr. J. H. Hubbard, of La Grande, is putting up a new brick building.

Dr. J. C. Smith, of Grants Pass, recently lost his residence by fire.

Dr. E. G. Kirby, of Elgin, visited in Portland and Salem last month.

Dr. W. T. Phy, of Hot Lake, has bought himself a new automobile.

Dr. James P. Tamiesie, of Hillsboro, has just bought a new automobile.

Dr. J. C. Twitchell, of Portland, took a trip to Roseburg last month on business.

Dr. J. P. Myers, of Union, took a patient to the La Grande hospital last month.

Dr. R. G. Gale, of North Bend, recently took a short outing on Couch river.

Dr. John L. Elwood and family, of Tygh Valley, visited at The Dalles last month.

Dr. John H. Hubbard, of La Grande, will soon move over into his new residence.

Dr. G. U. Snapp has located at Ashland. The Doctor is an eclectic practitioner.

Dr. A. C. Seely, of Roseburg, attended the big auction sale of horses in Portland.

Dr. and Mrs. F. M. Day, of Eugene, took a short outing last month at Wycoff's.

Dr. W. W. Oglesby, of Cottage Grove, recently celebrated his 71st birthday.

Dr. J. L. Rawhouser, of Central Point, is taking a post-graduate course in Seattle.

Dr. Geo. L. Bigger, of La Grande, made a professional trip to Baker City last month.

Dr. S. M. Mann, of North Powder, made a professional visit to Baker City last month.

Dr. F. J. Laird, of Lebanon, had a runaway accident last month, but suffered no injury.

Dr. and Mrs. C. C. McCornack, of Portland, visited their parents at Eugene last month.

Dr. J. G. M. Luttenberger, who recently located at Pendleton, has returned to Chicago.

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Dr. M. H. Ellis, of Albany, had an enjoyable visit to San Francisco watching the fleet.

Dr. A. C. Panton and wife, of Portland, have recently returned from a prolonged trip abroad.

Dr. H. E. Curry, of Baker City, has returned home, after a visit to Portland and Sound points.

Dr. D. A. Paine and wife, of Eugene, have returned from a three weeks' pleasure trip in California.

Dr. E. R. Seeley, of Medford, attended court at Enterprise last month, as a witness in a murder trial.

Dr. R. R. Hamilton, of Klamath Falls, has been appointed county health officer and physician.

Dr. J. K. Locke and family, of Portland, have returned home after spending three weeks at the beach.

Dr. I. B. Bartle, formerly of Eugene, has located at North Bend, where the Doctor is getting along famously.

Dr. W. Kuykendall, of Eugene, was one of the prominent Republicans at the State Convention in Portland.

Dr. George E. Watts, of Portland, met with an automobile accident last month and sustained a broken leg.

Dr. H. L. Henderson, of Astoria, attended the formal ceremonies in connection with the battleships at Seattle.

Dr. James A. Best, of Pendleton, went to Weston last month, making several professional calls in that vicinity.

Dr. H. A. Garfield, of Pendleton, spent a few days last month looking over the irrigation projects of his county.

Dr. R. J. Conroy, of Portland, has purchased the practice of the late Dr. Jones, of Medford, and has gone there to reside.

Dr. E. Mingus, of Marshfield, is looknig after the interests of the U. S. government weather department in his town.

Dr. A. L. Richardson, of La Grande, has been improving his residence property by building new walks around it.

Dr. W. W. Hicks has located at Junction City. Dr. Hicks formerly practiced at Silverton, whence he went to California.

Dr. R. DeArmond, who moved to Portland from Medford some time ago, has again resumed the practice of medicine at Medford.

Dr. and Mrs. R. G. Gale, of North Bend, recently entertained their friends, the occasion being the fifth anniversary of their marriage.

Dr. and Mrs. H. P. Hargrave, of Medford, left last month for Winnipeg, Canada, called there by the illness of the Doctor's mother.

Dr. H. L. Henderson, of Astoria, is president of his City Council, and represented the mayor of Astoria at Seattle during the reception to the fleet officials.

Dr. J. F. Calbreath was in a runaway accident near McMinnville last month. He was accompanied by Dr. E. E. Goucher, who also received a severe shaking up.

Dr. and Mrs. W. Gavey, of Condon, went to San Francisco last month. Mrs. Gavey will visit her parents there during the summer. The Doctor has already returned home.

Dr. C. J. Smith, of Pendleton, returned last month with his family from his six months' trip abroad. It took him several days after getting home to finish up his hand-shaking.

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.. **Dr. George H. Merryman**, of Klamath Falls, easily secured the Republican nomination for Joint Senator from Lake, Klamath and Crook Counties.

Dr. John Flanders Beaumont is a new arrival in Portland from Chicago, having offices in the Medical building. The Doctor's practice is confined exclusively to diseases of the eye, ear, nose and throat.

Dr. R. R. Hamilton, of Klamath Falls, has successfully refuted the statement of a local preacher to the effect that a patient was not allowed to enter his office because he had spikes in his shoes.

Dr. August M. Kinney, of Astoria, who was recently married, has gone to London to take post-graduate work under the celebrated physician, Sir E. Wright. Dr. Kinney will later go to Berlin and other European points to study.

Dr. J. B. Roth, of Portland, head physician of Modern Woodmen of America, has gone to Peoria, Ill., to attend the Tri-Annual Head Camp Session of that order. From there he will go to Chicago, where he will spend several months in post-graduate work.

Dr. W. L. Marsden, of Burns, has recently returned from a visit to his parents at Los Angeles. He was accompanied to Burns from Portland by Dr. Carl C. Griffith, who has been house surgeon in St. Vincent's hospital. Dr. Griffith will be associated with Dr. Marsden hereafter.

Dr. S. C. Browne, of Scio, is at present in Chicago, taking a post-graduate course at the very excellent Chicago Polyclinic and Hospital, where he is to remain several months. No doubt the long vacation will give the Doctor a much needed rest, and enlarge the sphere of his medical knowledge considerably.

Dr. C. J. Smith, of Pendleton, is once more at home and in the professional saddle. While in his eight months' visit abroad, he put in five weeks in Edinburg, six months in London and a month in Vienna doing physical diagnosis work and operative surgery on the cadaver and going over the general topics of medicine. The Doctor made a trip into Egypt investigating irrigation projects, going as far as the Assam Cataract, where there is a dam 6000 feet long and 75 feet high, irrigating a million acres of land. While in Vienna he met Drs. A. C. Panton and Wm. L. Wood.

Washington.

Dr. A. L. Victor, of Winona, is putting up a new residence.

Dr. A. C. Steckle has taken offices in Goldendale with Dr. Frank H. Collins.

Dr. George Sloan, of North Yakima, has been on the sick list.

Dr. Arthur H. Coe, of Spokane, visited in Portland last month.

Dr. B. Muscott has removed from Anacortes to Friday Harbor.

Dr. J. W. Sherfey, of Washtucna, was on the sick list last month.

Dr. W. B. Wells, of Hoquiam, was a visitor in Montesano last month.

Dr. George H. Hoxey, of Leavenworth, was on the sick list last month.

Dr. H. M. Fryer, of Riverside, took a week's trip to Chesaw last week.

Dr. and Mrs. W. N. Beech, of Shelton, visited relatives in Seattle last month.

Dr. J. C. McCauley and wife , of Ellensburg, saw the warships at Seattle.

Dr. S. S. Howe, of Lynden, has gone

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to Chicago to take a course of post-graduate work.

Dr. F. H. Collins and A. C. Steckle, of Goldendale, are having new offices elegantly fitted up.

Dr. E. N. Brown, of Tacoma, was in Montesano last month in consultation with Dr. F. L. Carr.

Dr. J. T. Edward and family, of Wilbur, are in Chicago, where the Doctor is visiting clinics.

Dr. G. W. H. Moore, of Davenport, went last month to Kennewick, to look after his property interests.

Dr. G. M. Gould, of Rockford, has land interests in Kennewick, which he was recently looking after.

Dr. R. D. Wiswall, of Vancouver, has returned from a few weeks' visit in the neighborhood of Kansas City.

Drs. E. O. Houda, E. L. Knishkern and Margaret Baldwin, of Centralia, have moved into their new offices.

Dr. F. A. Bird, of Kelso, went to Tacoma last month and was initiated into the mysteries of the mystic shrine.

Dr. H. M. Fryer, of Riverside, was in Okanogan last month, attending a meeting of the Water Users' Association, in which he is interested.

Dr. R. P. Moore, of Davenport, was a visitor to Spokane with two patients for operations for appendicitis the early part of May.

Dr. H. J. Whitney, of Davenport, is contemplating building a brick block at Cashmere this summer, where he has a 40-acre tract in an apple orchard.

Dr. E. A. Stafford, of Snohomish, is just entering on his third term as health officer of that city, showing that his services must be much appreciated by the people at large.

Dr. H. Josephine Whitney, of Davenport, who has been residing in Los Angeles, Cal., since August last for her health, returned home in May. She will return again to California for the winter.

Montana.

Dr. Thomas A. Grigg, of Montana, will represent his state at the International Congress of Tuberculosis to be held at Washington, D. C., in the fall.

Idaho.

Dr. T. O. Boyd, of Twin Falls, has purchased a new automobile.

Dr. Jesse L. Raine, of Grangeville, visited in Lewiston last month.

Dr. E. W. Kleinman, of Hailey, is taking a post-graduate course in Chicago.

Dr. Charles E. Schmitz, of Cambridge, expects shortly to locate at Twin Falls.

Dr. E. L. Burke, of Culdesac, is thinking of removing to Vollmer. His practice at Culdesac will be taken by Dr. C. S. Lane, of Michigan.

California.

The many friends of Dr. Geo. Ivancovich, of Petaluma, will regret to learn of his serious illness.

A peripleuritic abscess due to caries of a rib may give all the signs and symptoms of an encapsulated empyema. Aspiration of the chest usually withdraws clear fluid (an effusion due to the inflammatory process). A positive diagnosis can be made only by exploration of the abscess cavity, when a necrosed rib may be found overlying a thick-walled abscess cavity.—American Journal of Surgery.

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MEDICAL SENTINEL

JULY
1908

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Notes

The Lincoln County Medical Association met at Sprague, Wash., on the 10th inst. An interesting meeting was held.

On the 17th and 19th inst. a meeting will be held in Riverside, Wash., for the purpose of organizing a County Medical Association for Okanogan County. There are 15 physicians in the county, and the initiative is being taken by Dr. H. M. Fryer, of Riverside, the County Physician.

The authorities at Bellingham, Wash., seem to be commendably active in suppressing quacks who are seeking to practice medicine and secure fees from the public without authority. They are now after a man by the name of Armstrong, but he is difficult to locate. It looks as though they had succeeded in driving him out of town.

The annual announcement has been issued of the Cooper Medical College of San Francisco, for 1908-9. This old established institution presents to the student a very attractive program for the coming student year. The faculty is especially strong. The Cooper Medical College has done excellent work in the past, and its promises for the future are especially bright.

The physicians of Aberdeen, Wash., are very much interested in a lawsuit which has recently been tried in the courts there, in which the plaintiff, a woman, sued a physician for damages for alleged malpractice in the use of X-rays. In the trial court the defendant lost the case, but the supreme court has sent the case back to the trial court for a second trial. The outcome will be watched with interest.

The Medical Department of the University of Oregon has issued its 22nd annual announcement. This well known medical school, with Dr. S. E. Josephi the Dean, is keeping well up with the times. Stricter rules are

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being demanded everywhere of the medical schools of the country, and the management of this school is doing its full share to keep up with the demands of the enlightened part of the profession.

A new ruling of the Postoffice Department makes it necessary for publishers to show a renewal order from every subscriber, and evidence that the subscription has been paid in advance. After a subscriber is four months in arrears he must be dropped from the rolls. This ruling is the first step of the department in the direction of correcting some of the evils existing in the handling of newspaper and magazine mail, it being the intention of the government to reduce the amount of second class matter by refusing admission to certain "sample copy" periodicals having no legitimate subscription lists. Our readers will therefore confer a favor by renewing promptly, and thus save trouble in revising our lists.

The Sentinel is very much gratified over the selection of Dr. T. J. Murray, of Butte, for the second highest position in the profession in the United States, that of vice-president of the American Medical Association, to which position he was elected at the Chicago meeting. Dr. Murray is one of the best known medical men in the Pacific Northwest, and also one of the best liked. He is a man of high principles, possessing the courage of his convictions, and the Sentinel congratulates him on his election. Dr. Murray and Dr. Gillespie, of this city, were for many years associates in the Murray hospital at Butte. This year was the time for the selection of a Western man for this high position, and Dr. Murray was the unanimous choice of the House of Delegates.

The Editor of the Medical Sentinel will never forget the many kindnesses which he received at the hands of Dr. Gorgas, the medical director of the Panama canal work, and now president of the A. M. A., at the time of our visit to Panama, although the editor of the Sentinel was at that time a stranger to Dr. Gorgas, accredited by President Roosevelt to the Panama canal officials. Every kindness and courtesy which is conceivable was extended by Dr. Gorgas, who doubtless would have been equally courteous to the humblest medical man in the country whose mission it was to look over the sanitary conditions of the canal. Dr. Gorgas promised that he would in the near future visit Portland, and we shall certainly look forward to his visit with much interest and pleasure.

The Spokane Board of Education is considering the proposition of employing a physician to conduct a regular system of inspection of schools and school children. The summer will be devoted to the discussion of this proposition, and it is expected that by the fall term, it will have been matured. Most intelligent people will admit that much good can be done to the rising generation by a careful examination of the physical condition of school chil-

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dren, especially as to their eyes, ears and teeth. Some steps in this direction were taken in Portland recently, but somehow the project did not meet with the approval that it should, and abundant evidence was offered to show that the Portland public needs considerable educating in measures relating to the prevention of disease. We hope that Spokane will set us a good example.

Homeopaths Meet.—At the annual meeting of the State Homeopathic Medical Society, held in Portland, a few days ago, officers were elected for the ensuing year as follows: President, Dr. D. O. Webster, University Park; Vice-President, Dr. Louis G. Altman of Salem; Secretary, Dr. A. W. Vincent, of St. John; Treasurer, Dr. Emma J. Welty, of Portland. Dr. Charles Billington presided throughout the session. Papers of special interest were read by the following named physicians: Dr. A. W. Vincent, on "Serum, Therapy and Homeopathy;" Dr. H. S. Nichols, on "Surgery and Serum-therapy of Tubercular Adenitis," and Dr. C. M. Hollopeter, "The Practice of Medicine vs. Osteopathy, Mental Science, et al." Dr. D. L. McKenzie presented the subject of "Materia Medical Itself," and papers upon "Surgery" were read by Dr. B. E. Miller, Dr. Osmond Royal and Dr. A. W. Canfield. A committee was named to act with California and Washington committees in the formation o f a Pacific Coast Medical Society.

At Eugene last month Dr. Geo. O'B. DeBar administered diphtheric-antitoxin to a young man named Vickers for asthma, and the patient died almost immediately after its administration. An inquest was held and the coroner's jury brought in a verdict to the effect that the Doctor had been guilty of criminal carelessness. Immediately after the rendering of this verdict, fifteen physicians of Eugene signed a letter, in which they stated that in their judgment Dr. DeBar deserved no censure for the unfortunate result in the Vickers case, as in their opinion he had used an authorized remedy in a manner sanctioned by a wide-spread professional experience. They also stated that "at the last meeting of the Oregon State Medical Society, at Seaside, a prominent physician of Oregon read a paper on the treatment of asthma by anti-toxin, wherein he cited 60 cases that he had treated without a fatality and with almost uniformly good results. In the discussion that followed a dozen or more cases were reported by prominent physicians of the state, with the same results and without a single fatality. Since that time many physicians all over the state have been using anti-toxin in the treatment of asthma, and usually with good results. It is now in common use by physicians everywhere for said disease, and the results seem to justify the treatment." The statement made by these physicians is clear and concise, and it is very gratifying to see that they have in this manner endeavored to set a fellow practitioner right before the public. They were certainly disinterested in the case except in so far as they desired that there should be some authoritative reply to the statements of jurymen who were entirely ignorant on the matter which they sought to pass upon.

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Editorial Notes

Spreading Nervous Diseases.—When certain worthies have desired to commit crimes that are generally regarded as being especially atrocious, they have shielded themselves under the name of religion. There is something so sacred in the word "religion" that the acts of the religionist must not be questioned. Gross immorality, cruelty, murder, torture—these are permissible, if the shibboleth of religion is mentioned as their excuse. The constitution of the United States, and of practically every state, in substance protects the free use of almost any sort of religion that is desired.

The student of psychology cannot but be interested, even though he is saddened, by the exhibitions that are to be witnessed in the camp meetings of such zealots as the "Tongues of Fire" people, who have been holding forth in Portland of late. The health authorities have power to arrest and take to jail men and women who would spread broadcast the germs of disease such as smallpox, diphtheria or scarlet fever. Those who are suffering from these diseases are effectually quarantined, and their stopping places watched if necessary, to see that there is neither egress or ingress. Shall we say that it is worse to disseminate the germs of disease to the body than to the mind? Many impressionable young persons at these meetings have derived a great amount of injury to their nerves by attending these meetings. Their experiences are such as will never be forgotten, and perhaps the evil effects never thoroughly eradicated. And yet the city authorities, who are armed with so much power when it comes to quarantining for purely physical ailments, are powerless in this case, or pretend to be. It is a wonder that Mayor Lane, who is a physician, and knows the evil effects of extreme religious excitement, without a single redeeming feature, has turned a deaf ear to all complaints. If ever a little prophylactic energy was needed in Portland it has been needed in the camps of the Tongues of Fire actors on the East Side.

Medical Reciprocity.—Dogmatic statements for or against reciprocity prove nothing. Here is Dr. Ravogli, President of the State Board of Medical Examiners of Ohio, in discussing the subject of medical reciprocity stating that "it is right than an applicant should be compelled to pass one examination, to get his license, but it is unjust to subject him to a second or third." How is that proved to be a fact? His first examination in one state may be altogether beneath that required in another state. It may be different. Each state is to be the judge of the kind of an examination that should be required of the men who shall be permitted to practice medicine within its borders. Dr. Ravogli says that "this disagreeable condition ought to be eliminated from the medical profession." This maybe is not the case, from the standpoint of the people in some states, of which Oregon is one. The states which have made no provision for reciprocity are as follows: Arizona, Arkansas, California, Connecticut, Florida, Idaho, Louisiana, Massachusetts, Mississippi, Montana, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Dakota, Washington. Oregon is in good company, at present, and there is no indication that it desires to change its policy in this regard.

The Boss Fakir.—The following is

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from Northwest Medicine: "Seattle and Tacoma have recently been visited by that prince of fakirs, Larson, who had already gleaned a harvest from Spokane. He is a striking example of how the public can be deluded and be made to shower the rankest kind of imposter with its choice dollars, if only he can enlist the support of the daily press. Without the latter in which to parade before the public his claims of absurd and impossible successes, he would be unable to make the slightest impression. This man is said to have daily gathered many hundreds of dollars from the gullible people of Seattle, and doubtless the same from other cities. The press of Bellingham, however, seems to have reached a stage of righteous conscientiousness in regard to the advertisements of the charlatan that suggests the approach of the millenium. It is said they actually refused to accept his advertising offers and furthermore exposed his nefarious deeds in Seattle, with the result that he was unable to parade before the sufferers of that city his wonderful system of faking. The unique position of Bellingham in this respect ought to be known throughout the state."

There was no such conscientious righteousness on the part of the press of Portland, when Larson came here. He had as many pages of advertising as he cared to pay for, and he certainly is an expert advertisement writer. It is remarkable that there should be no way to reach such imposters with the laws we already have.

A Difficult Problem.—One of the most eloquent preachers of Portland, a few weeks ago, in a sermon that was not at all sensational, advanced the theory that there should be some restriction on marriage, seeking to prevent the union of couples, one or both of whom are in such physical or mental health as to be detrimental to their possible progeny. This is no new idea. It has been advanced for centuries, and in bygone days it was acted upon to a greater or lesser extent. We read learned and suggestive articles in the magazines pointing out the need of some laws that will govern the matter, but we are further from its achievement today than ever. In days gone by, when a benevolent king was regarded by the ignorant masses as being unable to do any wrong, was the time to put into effect any such law as this. The benevolent kings did not bother their heads about the matter. In these days, when every man almost is a law unto himself; when the less law we can have the better, and those the people don't like they violate with but little chance of punishment, daylight in the direction sought for by our respected preacher referred to, is far, far distant. No general law, applicable to the entire country, can be enacted. That is certain. State legislation is the only plausible thing. And yet we remember a few years ago the hilarity from some quarters, and scorn from others, with which a Western legislature was greeted, when an enterprising and far-seeing member, who lived before his time, introduced a bill requiring every prospective bridegroom to submit to a medical examination before marriage, to have it determined, according to certain rules to be drawn up by proper medical authorities, whether his condition was such that he should be permitted to contract a matrimonial alliance. This particular bill was practically laughed off the boards. And yet it was a step in the right direction.

We are all aware of the arguments that are advanced looking to the im-

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provement of the human race. We all know, or think we know, how the present state of affairs could be largely improved. But how to get at it is the rub. The human race has been blundering along, century after century, striving to solve these various problems in the best manner possible, and in some directions it has met with success, and in others it has met with the reverse. This problem of how to cause the fittest to survive, instead of the unfittest; how to eradicate from the body of the population the criminally and hygienically unfit, is a problem that appears to be as nearly unsolvable as any that the human race ever tried to solve. It is a circle that it would seem cannot be squared.

Suggestive Therapeutics.—The correspondence columns of our medical contemporaries are always interesting, for they are close to the profession. They contain the contributions of the working physicians themselves,—the expressions of men who do not make it a business to write for their journals. A good many of them have been addressing themselves of late to the subjects of Christian Science and osteopathy, and especially since Editor Bok of Philadelphia, who has been placed on a pedestal as a small god by some physicians, has written a most laudatory article on the osteopaths and their method of treating their patients. It is very clear that Mr. Bok does not know much about medicine or surgery. So long as he discussed patent medicines, he was in shallow water, and could not make many very great mistakes, but when he gets to using technical terms, and discusses anatomy, even as a friend of the osteopaths, he gets into deeper water, and shows that he is not much of a swimmer.

On reading carefully the letters of contemporary physicians, it is very apparent to the reader that a great many of them think the profession has not been quite as ready as it might to take that which is good which has been exploited by the Christian Scientists and the osteopaths. It will not do to pooh-pooh both, and say they are thorough-going frauds. There is a mental phase to their treatment which works forcibly on impressionable people, and it should be investigated. If the Christian Scientists are successful in any degree in teaching people how to live without being sick, they have accomplished something. There is much that would come under the head of suggestive therapeutics in both osteopathy and Christian Science, and this is a branch of the healing art that should be cultivated by physicians to the fullest extent. The medical profession cannot afford to lose the confidence of that large section of the public who are looking with eyes of more or less commendation towards the new-thought people, who work on the mentality of those who come to them.

St. Louis Medical Hypocrites.—Our good friend of the Medical Era shows us that the condition of medical ethics in St. Louis has fallen in some quarters to a pretty low ebb. He calls for the discipline of a number of the local members of the St. Louis Medical Society, who are also members of the American Medical Association. The editor of the Era takes us into a noisome saloon in the west end of the city, and to the malodorous toilet room—"the necessary adjunct of every saloon." Differing from the general run of these places, the usual mural hangings, extolling the virtues of Big G and other scientific remedies of guaranteed merit of such large interest to barroom patrons, are absent. In

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their place, however, is a poster directory containing the names of a large assortment of business and professional men, and among them are eighteen physicians. Some of them are professors in the Medical Department of the St. Louis University, surgeons to leading hospitals, and one of them was presiding officer of one of the important sections at the late meeting of the A. M. A. at Chicago. Most of these eighteen physicians are members of the A. M. A. The suggestion is made that these gentlemen should join the St. Louis Society of Medical Hypocrites. Dr. Martin is doing good work in exposing these little errors of judgment, and he naturally calls for something to be done by the authorities of the organizations to which these physicians belong. We shall watch with much interest further developments in regard to the matter.

California's Alleged Harshness.—The trend of invalidism appears in these days to have set very strongly towards California, and this applies to physicians as well as to laymen. When physicians who are in the ranks of invalidism drift toward our sunny neighbor they at once desire, of course, to practice their profession; then they find that a wall more or less difficult to scale has been erected by the California legislature. It is then in line for the physician who finds it difficult to surmount this wall to write letters to the newspapers in the Eastern States with which he is well acquainted, in denunciation of the so-called medical trust. The press associations, on the lookout for something more or less sensational, telegraph over the country the protests concerning the alleged trust, and insist that something must be done.

A recent publication in a Wisconsin paper quotes eminent Wisconsin medical men who have suggested that the Badger State should retaliate. It is much easier to preach retaliation than it is to accomplish anything important in that direction. Of course in these days when each political party is supposed to be against trusts of all kinds, it is comparatively easy to work up public sympathy for the Eastern physicians who are kept out of the California preserves; but in the meantime, the California physicians who for various reasons are opposed to having too great an overflow of Eastern physicians into their territory, appear to be pretty well organized, and the legislature of our sister state seems merely to pay respectful attention to the arguments advanced by the doctors for the maintenance of the present laws. The practicing physician in California who realizes that there is a practical side to his profession is not disposed to give up what he considers his rights, even though Eastern physicians of some reputation contend otherwise.

The Journal Not Positive.—It is gratifying to note that the American Medical Association Journal is being exceedingly careful in any remarks it makes relating to Oregon matters. It has not in the past exhibited the same care which is observable at this time. It is a little remarkable, however, that the new leaf it is turning over so far, seems to apply to remarks that it makes concerning people who have violated the medical laws. For example, it says, "W. F. Belknap, of Portland, who is said to have been recently fined $50 for practicing medicine without a license, is said to have departed suddenly from the city." Now we can readily understand that the American Association Journal does not want any libel suits started against it by the aforesaid

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Beknap, therefore it takes no chances. It may have been misinformed by its correspondent, or the newspaper item which it received through a Clipping Bureau may have misled it, when making the statement that Belknap was fined $50, so it guards itself by the two words, "is said." Perhaps, also, its correspondent, or the Clipping Bureau, may have prevaricated when stating that Mr. Belknap departed suddenly from the city. If he left the city leisurely, there would be another cause for a libel suit, so it works another "is said." Then further along, the American Medical Association Journal has the following: "Jennie Bowen, Portland, is said to have been fined $50 for illegally dispensing remedies to heal the sick." Here, again, it would never do to credit the Portland legal authorities with having surely fined this woman $50, so the words "is said" are introduced to serve the two-fold object of heading off a prospective libel suit, and cast the intimation that possibly no such salutary fine was imposed. Then again we read that "E. Voose, of the same city, is said to have been ordered to take down his sign or suffer penalty for violating the law." The same great care is exercised in the next item, which reads "that J. T. Pierce, Portland, charged with practicing medicine without a license, is said to have been found guilty and warned to cease practicing upon pain of imprisonment." It is too much to hope that the editors of other departments of the American Medical Association Journal will exhibit the same carefulness lest they hurt feelings or give cause for complaint, as the editor of this particular department has shown. We notice, however, one very unfortunate lapse. These items from which we have quoted are headed with the words "illegal practitioners punished." In place of these three words, there should have been the following: "Alleged illegal practitioners said to have been punished." This would, of course, have given a longer heading to the article, but it alone would have been in keeping with the extreme care which the editor has shown in recording the alleged facts concerning Portland's quackery.

The Lay Newspapers' Excuse.—A Portland paper, in editorializing upon the doctors and quacks, asserts that if the quacks did not get into the newspapers' advertising columns they would get on the bill boards and would print circulars to carry forth their advertising. This is about as weak a defence as ever was invented, and if it justifies publishing baneful advertising, it would also justify the liquor dealer in selling intoxicating liquor to minors and drunkards, or the keeping of houses of assignation, or a thousand and one other pitfalls for the unwary, on the theory that others would do it if he did not. This paper then seeks, it would seem, to throw dust in the eyes of the public by chiding physicians for the number of the members of their profession who engage in criminal operations. It insists that it is the duty of the physicians to stop the practice of those whom they know are guilty of these criminal operations. Unfortunately, the work of prosecution of these cases lies with laymen exclusively. How many times have physicians furnished information and evidence of criminal operations, and juries have turned the criminals loose, after being worked on by attorneys who have insisted that the prosecution was promoted by fellow physicians, jealous of the success and attainments of the defendant in the case? Our lay contemporary may

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rest assured that there is not "aught in that justly celebrated code of ethics that requires the physician to be silent when he sees the fly walking blindly into the web of the spider."

He Escaped the Law.—One of the very worst traveling "healers" that ever infested the Pacific coast was brought before a tribunal in Portland, and released on a technicality. It may be that the law as made and provided justified the decision of the judge. If so, the law should be changed. It certainly is a menace to the public if a man can come to a city, engage a newspaper's advertising columns to exploit his prevarications, take the money of a duped public, and get off scot free. Perhaps this is a correct view of the law. The criminal gets the benefit of the doubt at every stage of the game; when he is brought before the committing magistrate; when he gets to the grand jury; when the petit jury gets him, when the appellate court has a chance to pass upon the questions raised by his attorneys, and when the Governor has the last say, sitting as a pardoning board. The work for the legislative committee of the State Medical Society is laid out for them, and when the legislature meets next winter at Salem, let us hope they will succeed in securing a change of our laws.

The State Society.—The annual meeting of the Oregon State Medical Society held at Portland the first week of this month, was one of the most interesting and valuable in the history of the Society. We have been unable to secure the report in time for this issue of the Medical Sentinel, but next month will publish the complete report. The following is a list of the officers who will serve the coming year: President, Dr. W. H. Byrd, Salem; First Vice-President, Dr. W. F. Kuykendall, Eugene; Second Vice-President, Dr. C. S. White, Portland; Third Vice-President, Dr. R. C. Yenney, Portland; Secretary, Dr. William House, re-elected, Portland; Councillors, Dr. W. T. Williamson, Portland, and Dr. S. T. Linklater, Hillsboro, both re-elected. It was decided to hold the next annual meeting of the association at Seattle during the Alaska-Pacific-Yukon Exposition.

The Water Drinking Habit.—The unfortunate general reader who gets his medical knowledge from the magazines and newspapers has been told of late years in numberless articles, that the average man drinks too little water. He has been urged to drink several pints daily, sometimes of hot, and sometimes of cold water, and the arguments that have been adduced for this rule of conduct have been such as appeal to the general reader. The medical profession has looked with more or less alarm at this wholesale advice to drink deeply. Now comes Widal of Paris who maintains that the average man drinks far too much. He insists that he who would remain free from organic disease should drink as little as possible. "He should indeed never take any liquid except just sufficient to slack his thirst," particularly he declares is drink more harmful to the sick, and adds that it is almost fatal to give too much of any kind of liquor to a patient afflicted with Bright's disease. There are those who declare that Widal is an extremist in the other direction. We shall undoubtedly soon read in the magazines and newspapers articles prepared by popular writers combating the theory of drinking many, many quarts of water per day.

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THE MEDICAL SENTINEL

HENRY WALDO COE, M. D. Editor
PORTLAND, OREGON

With the Collaboration of the Officers of The State and District Medical Societies of Oregon, Washington, Idaho, Montana and Utah

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THE SICKNESS OF CRIMINALITY

The world has been so exceedingly busy during the past fifty years of exceptional development, that it has not been able to keep pace with the needs of humanity in dealing with criminal life. Medicine and surgery have made great strides forward. The world of invention has progressed as never in any preceding five decades. The patent office has been crowded with work in an unprecedented fashion. Business methods have engaged the attention of the best brains of the world. Railroad management, electrical development, the work of the steam engine on sea and land—these have been the great engines of progress that have had the greatest amount of attention. Here and there men with exceptional minds have taken time to write great poems, stirring plays, operas, symphonies, prose works, and some great pictures have been painted. Great performers on musical instruments have developed their skill; great singers have arisen to delight the busy men and women of the age. But alas, the sickness of the criminal—the sickness that makes him criminal—has been unstudied. He has been caught and caged, when possible. Generally he has gone unpunished.

There is something wrong with the mental processes of a bright man who would rather commit crime than not. We all know men who, if they expended their skill in lines of honest endeavor, would make something for themselves and their families; but they would rather do wrong than right, and they drift into the criminal class. The nation, which spends millions of dollars a year on its criminals, could well afford to have a department whose business it would be to study the disease of crime. We need moral health officers, as well as the other kind. The science is undeveloped. There is much in it that has never been ascertained, partly because the world has been too busy. The theologians have touched the outskirts of the question only. They have occasionally assisted in the good work of curing a man sick with crime, and have turned his energies into useful channels. They have worked a kind of mental or spiritual cure

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on him. But no scientific efforts have been put forth that we have ever heard of, looking to an exhaustive treatise on the subject. The criminal usually does not want to be cured of his criminality. But instead of permitting him to go at large to commit more crime, as is done with the penitentiary inmate, when his term is over, he should be cured of his criminality, if possible. The youth of the land who are afflicted with criminal tendencies should be treated for their mental disease before they are given a chance to go forth and commit murder, burglary, and the other crimes that a certain mental state seems to induce.

It may be that some day in the future the great political parties will take up this question, and put it into their platforms. They will insist that congress take hold of it, and appoint a learned board of inquiry, whose business it will be to ascertain just where the seat of the crime of the criminal lies, and find if there is not some sort of treatment that will make a good citizen of him. Prevention of crime is more desirable than its punishment. It may be that some medical man or surgeon or anatomist will be able to throw some light on this subject, and tell the statesmen of the age where the seat of crime lies, and what can be done to deaden it.

THE NEW PRESIDENT OF THE A. M. A.

The average physician was as much delighted as astonished at the election of Col. William C. Gorgas to the presidency of the American Medical Association. Able and distinguished members of the profession have been elected as a rule of late years, it is true. But there has been somewhat of a tendency, perhaps, to select men who were especially enamored with the work and designs of the "Chicago Clique." In this regard criticisms were frequent, not as to the ability and standing of the presidents, but of their closeness to the aforesaid clique. But here is a man who is distinguished, and who is not in any sense open to the criticisms that have been made after former elections. Everybody knows what Col. Gorgas has done—how he was first brought into especial prominence by his methods of dealing with the yellow fever when placed in command of the camp at Siboney, Cuba. Then he was sent to Havana, after having had personal experience in his own sufferings, with yellow fever and typhoid fever. At Havana he was Chief Surgeon of the Department and Sanitary Officer of the city. He had Augean stables to cleanse, and he adopted Herculean methods in doing the work. He transformed Havana from a pest hole of disease into a sanitary city. He demonstrated to the world that the great scourge of the tropics could be eradicated. He had his troubles with bureaucracy, and triumphed. When the Panama canal was begun, the authorities at Washington looked for a man who could accomplish things. At first he was hampered by the ignorance and supercilious disregard of human life of the first Panama commission.

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Then he was made a member of the Commission, and despite the feeble struggles of the bureaucrats, he was given a free hand again, as he had at Havana, and the result is known all over the world. Dr. Gorgas has done more than any other physician has ever been able to do, to demonstrate that if the military and bureaucracy will keep their hands off, and give a wide awake and capable medical man a chance, a high rate of mortality, which has heretofore been considered necessarily incident to life in the tropics, can be lessened materially. Dr. Gorgas was promoted Colonel and Assistant Surgeon General of the Army by special act of Congress in 1903. The American Medical Association has never done anything of late that its members can be more proud of than when it elected Dr. Gorgas its president.

THE GLORIOUS FOURTH

The nation held its breath on the 4th of July, and now we are all congratulating ourselves that it was a saner fourth than has usually prevailed. The unhappy parents whose children maimed themselves cannot see that there was much more sanity than usual, but certainly in Portland we are to be congratulated on the results of the day. In all probability, if the so-called patriotism of the local community had been worked up to the point where a large amount of money had been contributed for the jollifications of the day, the patriotism would have spread to Young America, and there would have been more giant fire crackers, small cannon, firearms, and gunpowder doing their deadly work. It is claimed that the casualties in maiming, blinding and causing lock jaw, have of recent years been steadily diminishing throughout the country. The usually sedate individuals who occupy the chairs of mayors and aldermen of our cities would abolish all the nerve-wrecking contrivances which are supposed to be necessary to exploit the true American spirit. It does not need much intelligence to be convinced that the proper way to show one's patriotism, and to enjoy the national holiday is not to place one's self with one's neighbors in jeopardy of life and limb; but, unfortunately, the sedate mayors and aldermen of the country have not quite enough nerve to instruct their police officers to keep the public highways free of people, young and old, who may desire on the natal day of the nation to explode gunpowder. It certainly was very injurious to the nerves of nearly everybody who had business on the principal streets of Portland on the afternoon of July 4th, to hear the constant racket which prevailed when young Americans at practically every street corner, set fire to firecrackers and other diabolical inventions of the yellow races. Most people who have at heart the health and general welfare of the nation hope that the day will come when practically all of the ear-racking explosions which are now so common on the 4th of July, will give place to something more quietly expressive of patriotism and joy that we are a nation.

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PRESIDENT'S ADDRESS

By L. H. HAMILTON, M. D.

Delivered before the Portland City and County Medical Society, May 20, 1908

An article in the By-Laws of this Society provides that at this meeting the presiding officer shall present a paper which shall be a resume of the transactions of the Society for the year.

The year just passed has been an eventful one in the history of this Society, and in my opinion the most important event of all was the occupation of these new quarters in the Medical Building, April 1st, 1908.

If ever an organization needed a permanent home it was the City and County Medical Society. It has been meeting ever since its organization in halls, towers, bowling alleys—in fact, at most any place where a room could be obtained—with little regard to ventilation and the ordinary comforts and conveniences.

At the meeting held April 1st in this hall a resolution was passed thanking the house committee for their work in fitting up and furnishing the rooms.

This committee is composed of Drs. A. W. Smith, G. S. Whiteside and O. B. Wight, to whom the credit is due for the splendid manner in which this work has been carried out. Everything is paid for and the rent paid up until October of the present year, the owners of the building donating the sum of five hundred and twenty-five dollars, which was used in furnishing the quarters.

The library of the Society will be moved from the public library to these rooms and the house committee has been instructed to secure the services of a suitable person to be placed in charge and keep the library open.

In accordance with a resolution passed at the annual meeting one year ago, a committee on program, consisting of three members, was named, Drs. W. T. Williamson, J. C. Elliott King and N. W. Jones composing this committee, which held frequent meetings during the following four months, and it was decided to have at least two papers presented at each stated meeting except upon two occasions, when symposia upon subjects of interest would occupy the evening. It was also considered desirable that members be designated to open the discussions on the various papers, and that the program be printed in pamphlet form and mailed to each member before the first meeting in October.

While this matter of having the two papers has been somewhat of a digression from former methods, and was in the nature of an

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experiment, still, everything being considered, it seems to have proven generally satisfactory.

While it has not always seemed proper to call the meetings to order promptly at eight o'clock, owing to the inability of members to be present at the stated hour, still we have been able to dispose of the business before the Society without unduly prolonging the sessions.

The program committee deserve praise for their work in preparing a program that has proven so successful and of such great interest.

To those members whose names appear upon that program the officers of this Society are truly grateful, as with only one or two possible exceptions every one has been promptly on hand with carefully prepared papers at the proper time.

The attendance during the year has been fair, generally speaking, although with the impetus that the new quarters will give it should be at least doubled during the coming year. The largest attendance was at the meeting held October 16th, 1907, when the number of members present was more than one hundred. The average attendance has been between thirty-five and forty.

Early in the year an effort was made to adopt one telephone, and a committee composed of Drs. H. F. McKay, Andrew C. Smith and R. C. Yenney was appointed to investigate the feasibility of such a step. After interviewing both of the companies and many of the members, and meeting with no encouragement from the companies, and finding many of the members opposed to the measure, the committee reported that they were unable to accomplish anything that would be at all satisfactory at that time, and asked to be discharged, which request was granted, after being given a vote of thanks for their efforts.

During the session thirty papers have been presented upon medical and surgical subjects. All have been presented by members of this Society with the exception of the paper on the treatment of tuberculosis, by Dr. F. M. Pottenger, of Monrovia, California.

The inauguration of a campaign against quacks and abortionists early in the year was a matter of the greatest importance to the profession. This work has been carried on by this society through its committee appointed at a special meeting in June, 1907, when this matter was taken up and discussed, and the chair authorized to appoint a committee of five to take up this work and proceed against everyone violating the medical laws of Oregon in Multnomah County as fast as proper evidence could be secured. This committee was instructed to secure the services of a competent attorney, who was to act in conjunction with the district attorney's office in prosecuting these cases, as it was shown that such assistance would be essential should results be obtained. This committee was further instructed to secure funds from the members of this Society by subscription to carry on the work. Dr. A. W. Moore is chairman of this committee, the other members being Drs. A. Tilzer, C. E. Hawke, L. Buck and W. F. Amos. Mr. Esterly acted as attorney during the first part of

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the year and Mr. Frank Grant is now serving in that capacity. The committee has been active and held frequent meetings. A number of convictions have been secured. A Chinaman practicing under the name of Wing Lee was convicted and fined upon two occasions. A man named O'Keefe was convicted and served a jail sentence. The X-Radium Institute was closed and its promoters driven from the state.

The publicity given these cases has done much to arouse public sentiment against such practices and places, and will make the prosecution of such offenders easier in the future.

Many obstacles have been encountered in securing evidence that would convict, for which reason the committee were unable to proceed against certain parties who were generally known to be violating the medical laws; especially was this true with abortionists. In only one instance was evidence secured by which conviction could be obtained, and in this case a charge of "contributing to the delinquency of a minor" was successfully proven, and the defendant convicted and sentenced to pay a fine of five hundred dollars. Owing to the advanced age of the defendant, the jury recommended him to the mercy of the court, and a jail sentence was not imposed. His case is now pending before the State Board of Medical Examiners for the purpose of revoking the license he now holds to practice medicine in Oregon.

During the year Dr. W. I. Cottel, a member both of this Society and of the City Council, proposed that a city ordinance be enacted requiring that all those engaged in the practice of medicine in this city be compelled to secure and keep conspicuously posted in their places of business, a city license which would be subject to police inspection. Such city license to be obtained only upon the presentation of a license to practice medicine in the state of Oregon and the payment of two dollars each year. The effect of this ordinance would be to place the practice of medicine directly under police control, and anyone so engaged without this license would be subject to immediate arrest without the necessity of securing evidence, which has proven so hard to obtain.

This ordinance was presented to the Council, and came up for consideration in January. A number of unlicensed members of the healing art were in attendance and active, while the medical profession was not properly represented, so the ordinance failed to pass at that time; but in April it was again called up by Dr. Cottel, and a committee from this Society, composed of Drs. Andrew C. Smith, W. T. Williamson and A. W. Moore, were in attendance and addressed the Council and secured the enactment of this ordinance, which promises to be of the greatest service in suppressing quackery.

The Society is deeply indebted to Dr. Cottel for his untiring efforts in behalf of this measure, for had he displayed less energy the ordinance could not have been passed at this time.

The American Medical Association has adopted a policy of urging its members to enter politics in so far as state legislation is concerned,

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and through its committee on medical legislation is carrying on an active campaign throughout the entire country.

In so doing lies the only means by which the medical profession can hope to secure the laws and their enforcement which is necessary for the protection of the public in medical matters. As soon as the medical profession is recognized as having strength politically the question of the enforcement of medical laws will be solved. Public officials are anxious to stand high in the estimation of good, live organizations and that is what the local medical societies must become.

As it is at present we are compelled to fight quacks and charlatans in the courts at a disadvantage, because public officials are unwilling to give the aid that would be gladly extended to organized endeavor along other lines. In order to accomplish anything at all we are compelled to secure the services of private attorneys to enforce laws that should be enforced by those in public office, and these conditions will persist until the medical profession is well represented in the legislature, and its organization is felt in elections. A firmly knit organization is now absolutely necessary if we expect to have our rights respected. The general reputation, standing and influence of the profession suffers because of the lack of such organization.

This movement by the American Medical Association through its committee on legislation, is a step in the right direction, and should meet with general support.

Again I wish to express my thanks to the members of this Society for the distinguished honor conferred upon me when you saw proper to select me as your presiding officer one year ago.

A Preliminary Note on the Disinfection of Body Cavities by Injection of Suspensions of Living Nonpathogenic Bacteria.

Charles E. North, of New York, referring to the now well-known use of lactic acid bacilli as a corrective of putrefactive processes in the intestine, suggests that the same principle can be applied to the treatment of bacterial infection in other cavities. If the immunity of any body cavity is largely dependent upon the integrity of its garrison of nonpathogenic bacteria, the question arises whether this integrity cannot be maintained and the personnel of the garrison even improved by trained reinforcements administered by the bacteriologist. Such reinforcements may be found in lactic acid preparations contained in other media than milk. Sprays of such cultures have been used with excellent results in diseases of the nose and throat and other cavities. In some of the other body cavities—the middle-ear, the vagina, and the urethra, or in sinuses and abscesses—it may be that the natural antagonisms which exist between nonpathogenic bacteria and pathogenic forms can be of therapeutic use. The suspensions of lactic acid bacteria may prove to be of service in these cavities, especially where putrefactive processes are causing the irritation.—Medical Record.

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PRINCIPLES OF THE TREATMENT OF BACTERIAL DISEASES BY INOCULATION OF APPROPRIATE VACCINES

By RALPH C. MATSON, M. D.

In setting forth the principles of the treatment of bacterial diseases by the inoculation of vaccines I first want to acknowledge my indebtedness to Sir A. E. Wright for his personal instruction during the past summer, which gave me a rare opportunity to get these ideas from the master immunizer himself, and the subject matters that follow are gathered from his teaching, and the result of careful observation of the methods used by him in his clinic as well as a considerable amount of personal experience.

I trust I may be pardoned for rehearsing some of the earlier events which gave substantial foundation for the principles set forth, but by so doing I am certain you will appreciate the points forming a basis of this paper. I might launch into the subject by prefacing my remarks with three general statements:

1st. That the process of immunization is in every case associated with a production of chemical products on the part of the inoculated organism.

2nd. That the machinery of immunization is a purely chemical one.

3rd. That the machinery produces these productive substances demanded in immunization in response to appropriate chemical stimuli.

Let us first consider the relationship between the chemical element, which sets the aforesaid machinery in motion, and the product of its action. Ehrlich demonstrated the relation between the element inoculated and the chemical product appearing in the blood after the inoculation. In his experiments on ricin, a chemical principle derived from castor oil seeds, he demonstrated that ricin exerts an agglutinating and disintegrating effect upon red blood corpuscles. He spoke of this as a haemotropic poison. He was able to show that animals could be immunized by progressive doses and further that their serum conferred immunity upon others and robbed ricin of its poisonous properties when digested with the serum. This element intruding itself between ricin and the body cell he termed a ricinotropic element.

C. J. Martin gave further data in connection with his work on snake venom, wherein he produced venenotropic elements by inoculations of snake venom. In a like manner he dealt with the question of neutralization of diphtheria toxin by toxitropic elements.

Later we learn that the inoculation of blood of one species into that of another causes an elaboration of haemotropic substances (haemolysin). Thus if the blood of a fowl is injected into a rabbit,

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the serum of the rabbit gains the power to dissolve the corpuscles of the fowls blood, when added to it in a test tube. This phenomena is called haemolysis. And following this Wright demonstrated in connection with his work on antityphoid vaccination that the inoculation of bacterial elements (vaccines) is responded to by a production of bacteriotropic substances and under this name we include agglutins, bactericidal substances, bacteriolysins and opsonins.

We speak of the product of the inoculation of a vaccine as vaccinotropic element, or antitropic elements (antitropins) of Ehrlich's system of nomenclature. These antitropic elements are specific. A haemotropic element produced in response to the inoculation of a particular variety of blood is restricted in its action to the blood of that species, and so too, with bacteriotropic substances. A tubercle vaccine is responded to only by the production of tuberculotropic substances. Pneumococci vaccine by pneumotropic substances.

We may now go a step further, and inquire by what means the introduction of a vaccine causes the formation of protective substances. If we inoculate the blood of one animal into another we are introducing red blood corpuscles, and white blood corpuscles suspended in serum, which contains many albuminous substances and we reap as our harvest a complicated mixture of haemotropic substances, in particular, haemolysins and certain serotropic elements of which the first dissolve red blood corpuscles or white blood corpuscles and the latter precipitates. And, similarly, if a culture is used our response is in the form of bacteriotropic substances which agglutinate, kill, dissolve or otherwise disintegrate bacteria.

These substances whether they be haemotropins or bacteriotropins are not formed while the cell is intact. The appropriate chemical stimulus will be formed only when solution has taken place. It can be shown that red blood corpuscles introduced into foreign blood are dissolved and likewise typhoid bacilli are dissolved when introduced into the blood or lymph.

The bacterial substance, which is always a derivative of bacterial protoplasm, when inoculated enters into combination with the bacteriotropic elements normally present in the organism and this uses up a certain quantity of the protective substances already present. Under the stimulus of this deprivation the cells are stimulated to activity with the result that the bacteriotropic substances that have been used up are replaced by newly formed ones. You can appreciate the sequence of events that follows a dose of vaccine. Wright has shown that there supervenes in the blood after the injection of a vaccine a condition of diminished protective substances, which he terms the negative phase, and this is followed by an increased content of protective substances termed the positive phase. This inflowing wave of protective substances rapidly flows out again, but leaves behind a permanent increased content of protective substances. This sequence of events Wright speaks of as the law of ebb, flow and reflow and maintained high tide of immunity.

The negative phase is more or less accentuated and prolonged ac-

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cording as a large or smaller dose has been given. If small, the negative phase may be so slight as not to be disclosed clinically, but if a larger quantity of vaccine is given it will be evidenced by fever and constitutional disturbance.

In the positive phase I have often observed a feeling of well being and physical vigor and is maintained for a variable length of time, in case of tubercle it may last a month. Usually after ten days the blood is down to the level prior to the inoculation.

Manifestly it is essential to consider the question of dosage, for should we administer too large a dose to an individual who is already the subject of a bacterial invasion, we may produce a well marked negative phase and thus do him more harm than good, by inducing a condition which allows bacteria to run riot in his system. Now what takes place in one dose takes place with every dose, and if it is essential to study the effects of one, it is more essential to study the effects of successive doses, for here we are superimposing the effect of the one dose on another, and according as the quantity of vaccine, and the time, are appropriately adjusted, we produce cumulation either in the direction of a positive or a negative phase, in other words we may increase the quantity of protective substances step by step, or w e may diminish them in a like manner.

The proper time and dose can be selected only with certainty by regular observation of the blood, with regard to its opsonic index, which has been spoken of as the "thermometer of immunity." If we do not do this we work in the dark, and are just as likely to vaccinate when our patient is in a negative phase of the previous inoculation, and reduce his content of protective substances which are already low, or we may cut short a positive phase, which is doing him good, and precipitate him into a negative phase which is doing actual harm. The danger of this condition is still fresh in our minds by the fatal results that followed progressively increasing doses of Koch's tuberculin.

The golden opportunity to correct a negative phase cumulation has passed from us when our patient gives evidence of this clinically. You may think you can recognize it clinically in the beginning, but not so, unless it be a serious negative phase effect, but it is too late and you have lost the advantage of your former inoculations and undone the good you have done.

Madsen and Jorgensen clearly demonstrate the effects of repeated small doses of vaccine by their animal experiments, and the results are convincing that no mechanical scheme will overcome the risk. In each case they got a good yield of protective substances, but sooner or later the day came when the machinery of immunization has made its maximum yield of protective substances, and fails to respond and further inoculations served only to bring the quantity of protective substances down with a run. Manufactures of diphtheria and tetanus antitoxins have this to confront. A condition of the horses occurs where they no longer respond to the toxin injection by an elaboration of antitoxin. This power being recovered only after a long rest.

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It is a great mistake to think that immunity cannot be established without clinical disturbance, or that the doses should be geometrically increased. The maximum immunizing response is obtained by doses too small to give constitutional disturbance. The smallest dose should be used which will effect a response and increase it only when it fails to secure an elaboration of protective bodies.

When the negative phase phenomena are becoming more marked you are exceeding the limit. When it is less marked increase the dose. If the positive phase phenomena is long delayed, as in the case where reinoculation occurs on the negative phase of the preceding inoculation, then inoculate when the blood disturbance has come to rest.

These fundamental principles in the art of immunization having been made clear, the physician is not yet sufficiently equipped to actively aid an individual invaded by pathogenic bacteria. We cannot act intelligently until we understand what action the body cells are taking against the invading bacteria. Wright classifies bacterial diseases under two categories; strictly local, wherein the opsonic power hardly varies from day to day and remains uniformly low; while in the other class, systemic, it is constantly fluctuating, ranging from low to high. In the former it remains low because the organism fails to respond to the entrance of bacterial elements and by an elaboration of protective substances. In the latter the opsonic index fluctuates and Wright conceives this is due to a periodic activation and inhibition of the machinery of immunization brought about by the conveyance of bacterial elements into the blood in appropriately or inappropriately adjusted doses. This distinction is absolutely of fundamental importance. Systemic infections terminate in death or cure, which is not long delayed as pneumonia or typhoid fever, the termination depending upon the adjustment or want of adjustment of the autoinoculations. Localized tend to continue over long periods of time. Let me remind you that *fistulas, sinuses* and lupus persist for years.

Bacteria multiply and thrive in the body at a point of lowered bacteriotropic pressure or point of lowest resistance, and in other words places where antibacterial substances are either absent or much reduced, as compared with the blood itself. The findings of Wright and Lamb on the distribution of agglutinins in typhoid furnished a theory for the distribution of protective substances in tuberculosis and other bacterial diseases. Bacteria in the tissues do not have the same obstacles to overcome as those in the blood where all the protective substances come into direct action upon them. Bacteria in the tissues, as lymph glands for instance, are acted upon only by the antibacterial elements that pass from the blood into the lymph of the infected area, and furthermore as the lymph filters through this area it gives up its antibacterial substances to the organisms first encountered. Depending upon the size of the area none or only a small quantity of opsonins are retained by the time the center of focus is reached. Conditions are then extremely favorable for the multiplication of bacteria in such areas and the more stagnant the lymph flow the more con-

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genial, in proof of this we have it, that the serum in tubercular peritonitis is far inferior in antibacterial elements than the serum itself; oftentimes contains as little as one-twentieth. Indeed, ordinary successes following operations for the extermination of tubercular glands can be justly attributed to the liberation of bacterial elements from severed lymph spaces and not to any particular skill on the part of the surgeon, for we have all seen tubercular glands reappear time and time again and necessitate repeated operations when great skill was displayed, and then again to disappear after one operation in the hands of a much less skilled surgeon. We would think those recovering happened to be those whose opsonic index was on a higher level before the operation than the unsuccessful one. The curves obtained by Dr. J. Freeman in Wright's laboratory clearly illustrates the effect of operations on the opsonic index.

Now granting these principles are clear, you will see it is not only necessary to render the blood antibacterial by use of a proper dose at the proper time, but we must get these substances into play by sending a flow of antibacterial lymph through the nidus of infection. Our grandmothers did this when they applied hot poultices, followed by soap and sugar in what they called "drawing the boil." The hot poultice determined the blood supply and the sugar by its osmotic action drew the lymph through the open boil, and the soap decalcified the lymph and prevented a scab, thus assuring good drainage. The surgeon's hot stupes, or hot-wet dressings owes its beneficial result to the same influence. Bier's method of increasing the hydraulic pressure of the capillaries by constricting bands acts in the same way. No doubt counterirritation with mustard plasters, the application of the X-ray and Finsen light owe their curative properties to this matter of blood determination and lymph effusion. In Wright's clinics these measures are scientifically applied and not empirically.

You will see now that douching a nidus of infection with lymph that is impoverished is likely to do harm. This is one danger of Bier's method. The irrigation is most effective when the lymph is rich in protective substances, such as follows properly interspaced doses of appropriate vaccines. Periods of progress are periods in which the blood is richer in bacteriotropic substances than in the untreated state, after this we can further better the cause by securing a greater lymph flow, for I remind you that it is the protective substances that pass from the blood into the lymph that comes into application upon bacteria in localized infections. Thus the immunizer has another difficult problem confronting him, that of avoiding lymph stagnation. I have mentioned some of the means when local, other invaluable measures are that of reduced blood coagulation and viscidity, by administering decalcifying agents such as citric acid. In skin infections, such as acne and lupus a cutaneous blood supply can be determined by the administration of thyroid extract.

When possible the vaccine should be introduced at points where lymph channels are likely to carry it through the infected areas. Discharging *sinuses* are to be kept open and effused with lymph by in-

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jections of concentrated salt or sugar solutions, which contain decalcifying agents, or a solution of citrate of soda can be advantageously employed. The X-rays will serve as a useful adjunct to the measures directed to obtain a blood determination.

In addition to the means already mentioned of overcoming lymph stasis, we have another method, that of *massage*. When the condition is local, massage, for instance of an invaded gland, is followed by exactly the same train of events as therapeutic inoculations, so this must be scientifically done. I have noted these responses following the examination of infected glands, movement of tubercular joints, and following prolonged talking in laryngitis cases. If the glands have gone on to softening they should not be incised but a sample aspirated and the fluid tested as to its opsonic content and anti-tryptic powers; if found inferior the contents should be withdrawn and the cavity allowed to fill with lymph rich in protective substances raised by previous inoculation. This process is to be repeated until the fluid withdrawn has the same opsonic and anti-tryptic powers as the individual's serum. The danger of long continued, suppurating sinuses is then entirely overcome. There are instances where the fluid is well walled off and is richer in its anti-tryptic powers than the blood itself and particularly in a negative phase, and it would be a mistake to draw off such serum, for it would allow the cavity to fill with a fluid of inferior quality and hasten tissue destruction.

In pulmonary tuberculosis and the systemic infections we must face the fact that the machinery of immunization is being spontaneously called into play, and we must consider the question as to whether we can better our patient by further stimulating the machinery by inoculation of vaccines. The difficulties will not be clear until you have some good idea of the nature of continued fevers and a knowledge of the particular condition that confronts us in tuberculosis that is not localized. In such continued fevers as typhoid, bacterial elements are passing out from such regions as the spleen where they have been cultivating themselves in close relation to the blood stream passing out in somewhat measured quantities and are responded to after a brief negative phase by an increase in the antibacterial substances easily demonstrated by measuring the agglutinins from day to day. By this means the invasion of the blood stream is checked.

In fatal cases of typhoid fever the blood shows lack of immunizing responses by a lack of agglutinins and presence of organisms in the blood, conditions not often seen after the first week in cases that recover. Now when the blood stream has been raised to a high level of immunity the overflow affects the tissues, when the lymph has been enriched and douched the foci of lowered bacteriotropic pressure. This event is marked by a favorable termination. Though it may continue months, this class of cases we can materially benefit by vaccine. The fatal cases where no immunizing responses are being made due to paralysis of the machinery of immunization when bacteria are cultivating themselves in the blood and the system being overcome by bacterial intoxication we could administer vaccine only

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with risk and according to the case this risk may be great or small.

In localized tuberculosis associated with pyrexia, conditions differ from those of other continued fevers by the fact that the bacterial elements pass into the blood from regions not in immediate relation to the blood stream and this influx is intermittent and usually is intimately associated with causes to a certain extent under our control, as physical exercise or exertion, variation in blood viscidity and blood pressure. Under the influence of exercise, even heavy breathing encountered during prolonged chest examination, is followed by not only a rise of temperature but an exactly similar variation in opsonic content. This conveyance of tuberculous products from infected tissues into the blood is due to a circulatory disturbance and increased lymph flow. This is also very marked in tuberculous diseases of the knee and hip when individuals undertake walking before recovery has taken place.

Autoinoculation then must he overcome. Rest is regarded as a therapeutic measure for making an end to autoinoculation. It is our best means, this we see every day realized in our sanatoria by the disappearance of fever on putting the patient at absolute rest. This should be further supplemented by measures directed to increase the viscidity of the blood by such agents as calcium lactate, even milk is given by many and this end unknowingly attained. When the autoinoculations are done away with the fever disappears and the blood will usually be inferior in opsonic values, and at the level of localized cases. Our scheme of treatment, then, is in this class of cases: 1st, Rest in bed and adoption of measures to increase blood viscidity to bring the case to one of local infection. 2nd, After this, substitution of appropriate doses of tubercle or appropriate vaccines, given at proper intervals for the inappropriately adjusted autoinoculation. 3rd, When the blood has been restored to a high level of immunity the foci should be irrigated in a systematic way by regulating the amount of exercise, attention to blood pressure and measures to increase blood viscidity, this latter to be controlled by taking the coagulation time of the individual's blood.

Recurrent Vomiting.

Herbert Swift Carter, of New York, describes the attacks of recurrent vomiting in children which presage migraine in adults. He summarizes the theories of its causation; it may be a pure neurosis, a toxic neurosis, an acidosis from vicious metabolism of fats, a toxicosis from intestinal putrefaction of proteids, or a rheumatic diathesis. One thing is certain, that constipation is associated with its production and should be treated by proper diet, use of water internally, and laxatives before the time of the attack. Vomiting should be assisted by drinking water to aid the washing out of the poisons. The prognosis of the attack is good. Everything possible should be done to improve the general health of the child.—Medical Record.

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THE PRACTICABILITY OF THE SURGEON OPERATING AWAY FROM HOME

By R. C. COFFEY, M. D.

Surgeon-in-Chief of the North Pacific Sanatorium, Portland, Oregon

A few years ago it was quite the custom for prominent surgeons to operate before medical societies as a part of the program. The result was usually disappointing, something nearly always happened, that caused the surgeon himself and those who had furnished the clinic to regret.

As the subject of technique became more familiar to us, it was seen that the evil results were not necessarily produced by the lack of ability on the part of the surgeon, nor on the part of the hospital to furnish the clinic; but was simply a matter of inharmonious work. The surgeon who properly concentrates his mind on a surgical operation, must have assistants who know the move he is going to make, the instruments and appliances he is likely to need, and the extent of the anaesthesia he desires. The nurses and assistants at any hospital soon learn the peculiarities of various doctors, the method of preparation, their methods of work and what they are likely to need, and everything works harmoniously. If a strange surgeon comes into a hospital and finds that the particular things he likes best are not present, his attention is immediately attracted from the very serious part of his work, and is necessarily turned to directing the details. If he asks for what he desires, the nurse or hospital assistants do not know what he wants or needs, so immediately their routine is broken, and the consequence is a complete jumble. Most leading surgeons of the country of widest experience, refuse to operate in strange hospitals and with strange assistants, for the entertainment of medical societies, for the reason that neither the surgeon, patient nor hospital furnishing the clinic gets justice. Yet it is necessary for a surgeon to operate away from home occasionally, where certain cases and conditions exist in which the life of the patient depends upon having the surgeon come to the patient, rather than moving the patient to the surgeon. Again, there are conditions in which it is not absolutely essential, but is desirable for the surgeon to leave home to operate. If the operation is to be performed in a private home, any surgeon who has a proper regard for his patient must feel uneasy when he goes into a private house which has been prepared by strange nurses or strange doctors, whose technique he knows not. If he goes into a strange hospital, he finds that the nurses in charge of the surgery become offended if the surgeon brings his own equipment and his own nurses, taking it as a direct insult to their technique, notwithstanding the difficulties which I have just mentioned.

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On the other hand, a good surgeon with his own assistants and is own equipment can go into the dirtiest hovel and do good surgery, fact better surgery, than in a strange hospital well equipped nd with well trained assistants, but without his own help and wn equipment. Of course, by taking his own assistants into a well quipped hospital he is able to do almost as good work as if he were home, with the exception of the after-treatment, which every rgeon thinks he can do better than anyone else.

Every surgeon should have two trained assistants, an anaesthetist nd trained surgical nurse, both of which may be nurses. Surgeons e becoming almost universally of the opinion that a woman makes better anaesthetist than a doctor, for the reason that giving an naesthetic does not require great scientific and theoretical attainments, ut requires good power of observation, which can only be acquired long practice.

It is many times impracticable to have a doctor give an anaesthetic, r the average physician does not give enough anaesthetics to be miliar with the condition of the patient during the various stages a serious surgical operation. He may be a very expert surgeon, an exceptionally skillful physician, with splendid judgment on ch of his subjects, but if he is not in the habit of actually adminis-ring anaesthetics, he is dangerous. Almost all doctors are ambitious become surgeons, and even if they are not they are interested in e pathology, and are therefore paying too much attention as a rule the details of the operation to become close observers of the patient. xperienced surgeons are finding that a nurse who has had good train-g, and who has good judgment and good intuition, gives anaesthetics ith less danger than any doctor available. The Mayos were the first discover this, then Murphy, Oviatt and gradually the leading rgeons of the country. The Mayos, Murphy and Oviatt have had er 25,000 cases in which anaesthetics were given by women, without fatality due to the anaesthetic. I believe the Mayos have a record of anaesthetic deaths within ten years. This is possibly for the reason at a nurse once trained to give an anaesthetic will probably remain nd become more and more expert, rather than quit as soon as she arns, as must necessarily be the case with dictors. We have for the st two years been doing the same thing, and with splendid satis-ction. In fact our anaesthetist has general supervision of the surg-y. In addition to the anaesthetist, the surgical nurse who handles the struments at the table is another essential feature; she knows exactly hat the surgeon wants, how he will want his needles threaded, what struments he is likely to need, etc. In this way a surgeon in going to a strange house or hospital has all of his expert assistants with m. He calls on, and examines the patient with the full assurance at the room, whether it be in a private house or in a hospital, will e in good condition to do clean surgery within a few minutes. Of urse, in order to expedite this matter, it is necessary to have every-ing ready and packed at home. This will include dressings, gowns,

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sheets for the table, towels, instruments which are to be sterilized of course, sutures, ligatures, and whatever he needs, including basins.

I have devised a perforated copper box, with sliding doors, which can be filled and placed inside a steam sterilizer and sterilized as often as desired. Shown in Fig. 1.

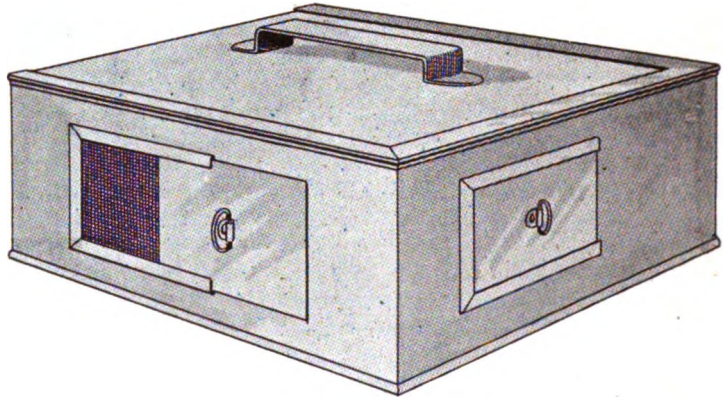

Fig. 1.

After sterilization is completed the sliding doors in the copper box are closed and a strip of adhesive plaster is pasted over the crack of the margin. The top is also a sliding door, so that it can be removed entirely and thus leave the sterilized dressings in packages ready for use.

There are some things necessary for the family and physician to do if the operation is to be in a private house. Before the surgeon arrives the patient should have a general bath if possible; the family should have two wash boilers, new ones preferred, which may cost about $1.50 each. If there is time to make the proper preparations, one boiler filled with water and containing a new tin dipper, should be put on the stove and the water boiled for at least two hours.

In boiling the water it is well to place a piece of cloth, a yard of new unbleached muslin is preferable, over the top of the boiler and then put the lid on, as shown in the picture, Fig. 2. The water is boiled and set aside to cool. The other boiler is put on two or three hours before the operation is to take place. It is well also to have a tea-kettle filled with boiling water, and a large dish-pan in which to boil the instruments. If there is plenty of time, it is well to remove the draperies from the windows the day before operating. If there is a limited amount of time, and the surgeon is to be on hand within one or two hours, it is probably better to leave the curtains, carpets, etc., untouched. A dining table, a kitchen table well scrubbed and two or three small tables with all the available porcelain wash bowls and pitchers, will constitute practically all that is necessary, and the surgeon and his assistants bring everything else necessary.

If the patient is a chronic patient, it is well to give one ounce of

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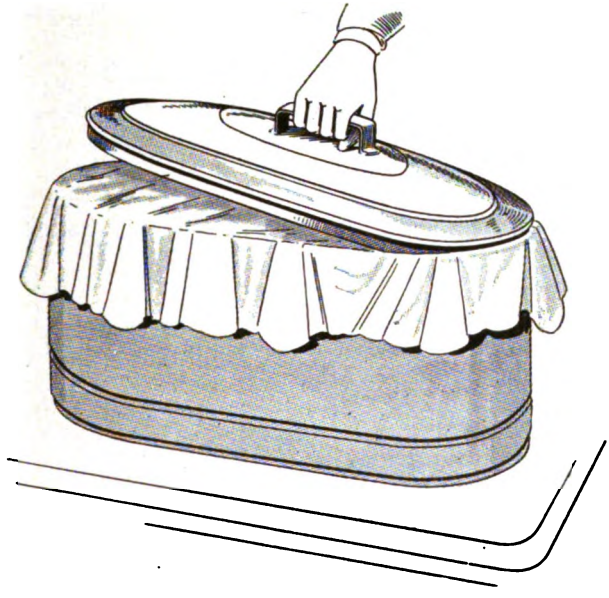

Fig. 2.

castor oil the night before the operation. If the case is one of acute obstruction, or peritonitis, no cathartic should be given, but a high enema may be given. If the patient has been vomiting for a long time and thereby losing the fluids of the body, it is wise to use twelve ounces of hot normal salt solution by rectum every three hours preceding the operation.

In conclusion: There are many cases of acute perforative appendicitis; perforation of the stomach, intestines, or gall bladder from ulcer, typhoid or other cause; forms of strangulated hernia and other intestinal obstruction; severe injuries with shock, puerperal sepsis, etc., in which moving a long way is more dangerous than a well performed operation at home, but a surgeon greatly jeopardizes his reputation by so doing unless he takes with him his regular assistant nurses and equipments, for no matter how complete a strange equipment may be or how good a strange nurse may be, the surgeon is greatly handicapped. In fact, a surgeon can do better work in a private house with his own nurse assistants than in a well equipped hospital with assistants who are not acquainted with his methods. It is not the fine operating room, but is a well trained and harmonious group of personal workers that accounts for the success of modern surgery.

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SOME REMARKS ON DEAFNESS

By A. BLITZ, M. D.
Boise, Idaho

Read before the South Idaho District Medical Society, April 14, 1908

The loss of hearing unfits a person, in many ways, for intimate intercourse with his fellow-men. When one who is compelled to earn his daily bread in an avocation that requires very acute hearing-power becomes afflicted with progressive deafness, it is simply a matter of time when his services become undesirable, and he is compelled to accept a less remunerative position. Later, perhaps, he is driven to accept labor not requiring acute hearing, and, consequently, is less remunerative. In the end, when deafness is complete, then even this may be denied him. Often a person who is entirely deaf loses all interest in his surroundings, because of not understanding what is going on. Progressive deafness truly is a grave affliction.

But who should be blamed for much of these conditions?

If deafness comes from neglected ear disease, as only too often happens in early child-life, then the parents deserve the blame. Children often suffer from ear troubles, and generally makeshifts are resorted to, to allay the pain. A favored remedy is the instillation into the inflamed ear of a few drops of warm sweet-oil, or a small piece of heated onion is placed into the ear to soothe the throbbing pain.

Sometimes the congestion disappears entirely in a few hours, and with it also the pain. But often there remains behind, in the middle ear, some after-effect, which, on the slightest provocation, starts up again the smouldering flame. Another attack follows, and so they may produce periodical disturbances, of more or less severity, until a chronic otitis media is produced. This may gradually go on to suppuration, causing more or less extensive destruction of delicate internal tissues. The disease may even extend to the mastoid region; pus may break through the thin bone-structure of that region, producing, at that point, an inflammatory condition causing a meningeal abcess; endangering the life of the patient. If then operative measures are long delayed, fatal results may ensue.

Who then is to blame? We say the parents must be blamed if the sufferers are children, or if adult patients, they probably themselves.

But are they alone to blame? Only too often the attending physician is to blame for making too superficial an examination of the case; or if the examination has been a thorough one, the examiner should insist, very emphatically, on following in the strictest possible manner every proper measure necessary to remedy all faulty conditions.

Many children are suffering from adenoid and other tonsil en-

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ements, which not only exert unnatural pressure on the mouths
ne eustachian tubes, or close these orifices entirely, but often, by
g either partially, or entirely, the pharyngeal space, proper respi-
n is impossible; when mouth-breathing, with all its evil results,
mes established.

Relief in these cases is only possible through operative measures,
the thorough removal of the offending adenoids. This operation
s the pharyngeal space, removes the obstructing pressure from
mouths of the eustachian tubes, allowing free ingress of air
ugh them into the middle ears, and also permits normal respira-
in place of the injurious mouth-breathing.

But here we frequently meet with obstacles.

To begin with, many people, as a rule ignorant of the necessities
ch cases, and naturally fearful of all operative procedures, stren-
ly object to have any operative measures undertaken.

Often the family physician fails to acquaint the parents of the
sufferer with the fact that the child has adenoids, and as people
rally are ignorant of the injurious results for which these growths
esponsible, no remedial measures are undertaken, until the mis-
has been done, and the little patient grows up a mouth-breather,
all the perverted physical defects that follow this pernicious con-
n.

But these are only a few of the ill-effects due to adenoids. Many
s there are, which we have neither the time nor the space to
der in this paper. I will, therefore, confine my remarks only to
condition produced by this hyperplasia of Luschka's tonsil, viz:
ness.

A child appears to gradually lose interest in certain things that
ren generally notice; it becomes inattentive, fretful, does not seem
ten when spoken to, or come when called, looks up stupidly when
remonstrated with, and he has the general appearance of a
who does not understand what is said or demanded of him. He
ls with a perplexed expression on his face, his eyes staring won-
gly at the speaker, the alae of the nose drawn in, the mouth half
and sometimes drooling at the corners, making altogether a
r pitiable picture.

Often such a child is mistakenly classed as an imbecile, when if
xamination were made, the child's hearing would be found more
ss impaired, and caused entirely by the hypertrophied Luschka's
l.

Often the secretions from the adenoids—a thick, purulent mucus—
s the middle ears, through the mouths of the eustachian tubes,
ucing inflammatory conditions there. The purulent discharge
invade every recess in that cavity before forcing an opening
ugh the membrana tympani. Indeed this is not all, and the pa-
may be considered extremely lucky if he escape without involve-
of the mastoid region in the inflammatory process, necessitating
pening of these cells. It is a constant surprise to me that this
not happen more frequently.

When these adenoids have been removed by the proper surgical

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means, the hearing will, as a rule, be restored with very little, and in many cases without any further treatment of the ears.

When the disease, spreading from the pharyngeal tonsil, has already invaded the middle ear and the posterior nares (the latter often from the start participating in the inflammatory process) these parts must also receive proper medical and surgical attention, after the removal of the adenoids.

During the course of many of the exanthematous diseases, ear troubles frequently develop, which often run a very severe and protracted course, causing much destruction of tissue and other changes in the delicate and intricate apparatus of hearing. This is especially accentuated in scarlet fever, where often, quite early in the course of the disease, the nasal cavity, the vault of the pharynx, eustachian tube and the middle ear, are attacked with more or less severity.

These cases may sometimes get well with the disappearance of the disease from the system, but very frequently the purulent process extends far beyond the limit of the general disease. The destructive process may then go on, until the entire middle ear is involved, its mucous membrane thickened and altered, the drumhead extensively, often entirely destroyed by the suppurative process, and frequently even involving the mastoid cells. If, then, proper measures are long delayed, or perhaps entirely neglected, death claims the victim.

In these cases the attending physician should always thoroughly examine the nares, the pharyngeal vault, and the ears, and promptly institute whatever proper treatment these parts require.

In cases where pus formation is shown behind a bulging drumhead, a large paracentesis should be made promptly, the earlier the better, to have an outlet ample for the necessary free drainage.

When the disease has extended to the mastoid region, prompt operative measures are necessary to save the life of the patient.

Ear troubles, similar to those above described, we sometimes find in cases of measles, in typhoid fever, and sometimes in other low conditions of the system. The inflammatory conditions in these cases may be as bad as in scarlatina, but, generally, they are much milder and not so persistent. Still we must never lose sight of the fact that such conditions may, if not properly attended to, produce more or less impairment of hearing and often total deafness, while we should always bear in mind the danger of extension to the mastoid region.

But a very large percentage of deafness, of insidious deafness I refer to, are not seen by the physician until the condition has reached the chronic stage, and the tissue-changes in the middle ear have become so very pronounced that it is hard for the patient to hear ordinary conversation, and the progressive deafness interferes with business or social duties.

Often, when patients come for an examination of their deaf ears, and are informed that the case will require treatment for some time, they are astonished that the doctor will not cure their deafness in a week or two.

The examination may show a chronic otitis media, due to chronic rhinitis; we find hypertrophied turbinals, often with papillary hyper-

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ophies, resembling cauliflower formations, of the inferior turbinals, ojecting over the edges of the choanae and septum, almost totally cluding the choanae; when these growths become very large they ay even exert pressure sufficient upon the mouths of the eustachian bes to prevent the ingress of air through them into the middle ears. e may also find a more or less deflected septum, either cartilaginous bony, or both.

The patient is informed that in order to stay the progress of the r disease and benefit the deafness, it will be necessary to first remove e cause, by placing the nasal cavity in as nearly a normal condition possible, before we can hope to make much of an impression on e diseased condition existing in the middle ear; that the enlarged rbinals should be reduced, and the deflected septum straightened, d finally, that the schneiderian membrane and its extension, the ning of the eustachian tube and middle ear, receive proper treatent. Then there will be a chance to achieve beneficial results that l the treatment we can give the ears alone, without restoring the sal lumen to, at least, a nearly normal condition, could not possibly oduce.

But do we always insist upon being allowed to follow out the tional treatment which we know is absolutely necessary to produce e results desired by patient and physician?

As soon as the patient raises objections to the operative measures, stead of insisting that we be allowed to proceed with the measures at are absolutely necessary to insure, either a moderate or the full nefit of treatment for the restoration of the hearing, we proceed to mporize with the patient. We do not wish to lose the case, for if e let the patient escape us he will fall into the hands of some other actitioner, who will treat the patient without operating, and though e know that he will not achieve any beneficial results, still we will minus the remuneration that the case promises, but which the her practitioner will get.

So the physician undertakes to treat this case for a time, as best e may, without the radical measures, which he is convinced are absotely necessary for the restoration of the hearing.

Result: After two or three months treatment, the hearing is very ttle, if any, better than when the treatment began; it may be even little worse.

Then, probably, the patient tells his friends that the treatment has one no good, and blames the medical profession for the lack of practical results, although the physician may, appreciating lack of results nd to satisfy his conscience, charge a nominal fee only for the months f useless treatment.

When next we hear of the patient he, probably, is treated by an steopath, or a christian scientist, or some other quack of the cure-all ariety.

Thus the medical profession, by its own carelessness, constantly orks into the hands of the charlatan, and to the detriment of those nembers of the medical profession who intend to do only scientific nd rational work, and do not pander to the whims of their more gnorant patients.

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Medical Societies

Snohomish County Medical Society.

At the regular meeting of the Snohomish County Medical Society, on the 2nd of June, the following resolutions were unanimously adopted. They are modeled after those adopted by the Philadelphia Medical Society about two years ago.

1. Resolved, That the publication in the lay press of the description of operations, of treatment, and allied medical matters in connection with the name of the physician be condemned by the Society, and that the physicians of the Society, in order to prevent such publication, make such representations to the superintendents or other officers of the hospital with which they are connected, as will, so far as possible, prevent interns, nurses, employees or friends from giving information to reporters, and in specific cases refer reporters to the attending physician.

2. Resolved, That the Society try to prevent reports of the papers read at its meetings from being publicly mentioned unless such publication be conducive to the public welfare. The Society shall instruct its secretary or reporter to give to the press a censored report which shall always be anonymous so far as the authorship of the paper is concerned.

3. Resolved, That the Society condemn the publication of medical interviews in connection with the names of physicians, excepting medical interviews relating to municipal sanitation and other matters of public welfare.

4. Resolved, That copies of all articles appearing in the press of Snohomish County relating to regular physicians of that county shall be placed in a scrap-book by the secretary for the inspection of members. A member whose name appears therein shall have the privilege of attaching thereto a written explanation.

5. Resolved, That copies of these resolutions be printed in The Journal of the American Medical Association, Northwest Medicine and the Medical Sentinel (Portland, Oregon).

The Editors' Meeting.

The thirty-ninth annual meeting of the American Medical Editors' Association was an unqualified success. The average reader of medical journals scarcely realizes the importance of these meetings, though possibly he observes added force and vigor in the conduct of his favorite journal afterwards. Everyone contributed to the success of the gathering, though the President, Dr. C. F. Taylor, of the Medical World, ought to be given credit for the large attendance and the comprehensive program. He was ably assisted by the Secretary, Dr. Joseph MacDonald, Jr., of the American Journal of Surgery.

Every phase of medical journalism was discussed. The consensus of opinion seemed to be that vigor and brilliance are just as much appreciated today as formerly. The statement that few editorials were read was shown to be an error. The individuality of a medical journal was a distinct entity, and as great an asset in its success as the advertising pages. From the business standpoint, some suggestions were made relative to the duty of the editor to the reader and to the advertiser. The elimination of every advertisement in the least suggestive of fraudulency was emphasized. While the sanctimonious attitude of some organization journals in this regard was deprecated, it was felt

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that every self-respecting publisher should have clean advertising pages, omitting everything he felt was dubious, but not refusing anything simply because a self-constituted tribunal had put upon it its seal of disapproval. The reading notice had no place in the text, but could occasionally be inserted in the publisher's department. As for book reviews, the opinion seemed to be that they were a necessary part of a journal's contents, but only from the reader's standpoint. Publishers were too prone to expect a circumstantial description of a book sent for review, which they then intended to employ as an advertisement. In consideration of what they exact, publishers give less in return than anyone who uses the columns of the medical press for advertising their products. Readers should be informed what new books are on the market, with a brief review of the contents, always remembering that it is for the information of the reader, and not to advertise the publisher. Hence the review should ever be unbiased; and if the publisher resents this, he may seek some other method of bringing his wares before the physician's notice.

The sources of inspiration for editorials, the function of medical journals, their attitude toward sectarianism, some much-neglected though extremely important matters which the medical press could dwell upon, were other things receiving attention. The discussions which the papers elicited were not the least instructive part of the meeting. Rarely was such food for thought presented in such a pleasant manner. Without exception every paper discussed was supplemented and amplified, and at times the eloquence rose to an inspiring height. It seemed that every idea presented was an inspiration to express a higher one, and although such a desire as to outshine each other was absolutely foreigh to the assembly, it seemed natural that in this meeting of writers and thinkers each capped the other's climax. It was a privilege to be present, and it is believed the medical journals represented will be the better for it, and through them the readers will be markedly benefited.—Lancet-Clinic.

OBITUARY.

Dr. R. T. Gould.

Dr. R. T. Gould, who had recently gone to Red Lodge, Mont., to take a position as assistant to Dr. S. M. Souders, died rather suddenly on June 7th. He was only 24 years of age, and death was caused by an affection of the heart.

Dr. H. R. Garner.

The death is announced of Dr. H. R. Garner, at Chehalis, Wash. Dr. Garner was born in England in 1841. With his wife, he landed in San Francisco in 1875, and in 1880 located at Chehalis. He spent some time in Alaska, and only recently returned to Chehalis, where he resumed the practice of his profession. He leaves a widow and three children.

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Book Reviews

The True Way of Life. By Dr. Nanny Randolph Ball Baughman, Burlington, Iowa. Published by the Author. 1907.

When one has a notion, a good way to exploit it is to write a pamphlet or a book . It is a time-honored way, and if enough people can be got to read it, your idea will make a stir if it is worthy of it. Sometimes it will do so if not worthy. This author quotes largely from Bible texts, taken from the book of Genesis. She has concluded that when God said to the first man and woman "thou shalt not eat of it" he did not mean an apple growing upon an apple tree, but he meant what she euphemistically calls "human passion." Cain, she claims, was the first fruit of a sexual marriage, and we see the evils that befell Cain. He was "the sinful offspring of man's sin. Begotten in wrath and steeped in sin, ere he was born, he was but the fruit of an animal appetite and heir to the devil's passion." How the author found this all out is a mystery. Perhaps some theologians as well as others may not agree with her. But she is very emphatic and plain-spoken in her book, and maybe she is correct.

Subcutaneous Hydrocarbon Protheses. By F. Strange Kolle, M. D. The Grafton Press, Publishers, 70 Fifth avenue, New York, 1908. Price, $2.50.

This is another work dealing with cosmetic surgery, and this growing branch of the work of the profession is bound to increase in interest as time goes on. The author seeks to persuade the reader not to go too far; not to heed the unreasonable demands of patients who are insanely bent on having the alabaster cheek ideal of the poets, the nose of a Venus, the chin of an Apollo, the neck of swan-like form and so on. The cosmetic surgeon has not reached that stage of perfection in his work that he can do with the malformations of his patient as a sculptor would model clay. Perhaps in this branch of surgery more than almost any other, one is liable to be dragged into the courts for reimbursement for damages done to countenances which the owners imagined could be greatly improved. The suggestion is very well made in this book that before the cosmetic surgeon undertakes his work, he should secure an agreement in writing, exempting himself from suit for damages, if he fail to give all the elegancies of appearance that exist in the imagination of the patient. There is much in this work that is indispensable to the surgeon who is working along these lines. The literature on the subject is so widely scattered and scanty, consisting mostly of small detached papers and reports of special cases by different surgeons in different countries. The author has selected from the most authoritative sources such of this data as he deemed necessary for a full presentation of the evolvement of the methods used at present, and combined these with the results of his own practical experience in several thousand prosthetic operations.

Vision and Refraction in Their Relation to the General Health, with an Improved Test Chart. By Dr. Carl Schulin, Billings, Mont.

This little pamphlet contains much that is valuable, as the result of the author's experience in the treatment of defective vision. It is practical for the oculist, and in concise form gives much information. As he

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says, there are two classes of people applying for glasses—healthy ones, who want them for the improvement of the sight only; and sick ones, who look for relief from headaches and other nervous troubles. He classes the former patients as good, desirable customers, upon whom the reputation of a skilled refractionist is based, because, after having once been fitted to satisfaction, they remain satisfied for years. Those of the other class are frequently undesirable customers; while in many instances even brilliant results can easily be obtained, there are others who baffle the skill of the best refractionist. Dr. Schulin believes that his chart is superior to those already on the market, and he informs us that it will be published as a folding chart and sold by some optical firm. Dr. Schulin's contemporaries will be interested in studying the result of his labors.

The Handwriting on the Wall—Independence Triumphant.

During the last few weeks the members of the Chicago Medical Society have been fighting over the election of officers. Two powerful elements have been seeking to gain control of the society. One of these is the "ring" element, consisting of Billings, Simmons, Harris and their friends, in other words, the powerful A. M. A. machine, which for years has been in control, using the society as an incubator for their schemes. The candidates on this ticket, including the president, secretary and several of the councilors, were nominated by Dr. Billings himself.

The other, or opposing party, consists of the "insurgents," the men who are tired of ring domination, and who, as independents, want to see fair play and the square deal in all our society relations. The candidate for president of the Chicago Medical Society on this ticket was Dr. Alfred C. Cotton, well known to every student of "old Rush," where he has held a chair for many years. We are glad to say that he was triumphantly elected, with a majority of more than 120 out of a total of nearly 1500 votes cast. As showing the intense interest in this election, it is enough to say that in 1904 the total vote at the society election was less than the majority of the incoming president, Dr. Cotton. Last year only about 400 votes were cast, while this year out of a membership of 2200 there were about 1500 votes. At last, thank God, the profession is awake.

The medical profession of America cannot fail to grasp the significance of this election. A majority of the Chicago members of the A. M. A. has revolted against the dominancy of 103 Dearborn avenue—not only has it revolted; it is splendidly victorious. This fight, so well commenced at home, is sure to spread to other sections of the country. The profession demands fair play and the square deal, and what it demands, fights for, it will get. We predict that it will not be long before those who use the "gag" and "billy" to maintain their supremacy will receive the same kind of a "dose" everywhere in this country that they have already in Chicago. Speed the day! Be alive to the issues, and to the encroachments and insatiable ambitions of the octopus. Get busy in your society!—Clinical Medicine for July.

One should watch carefully for overdistention of the bladder in all cases of lesions of the spinal cord. In children the bladder has been known to distend sufficiently to hold 20-40 ounces.—American Journal of Surgery.

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Extracts

Country Experiences.

A writer in the Lancet-Clinic gives the following country experiences:

In a small town in the Middle West a young doctor is in practice. He hasn't been there long—in fact, he hasn't been anywhere long. His appearance is youthful in the extreme, though at the time I met him he was perhaps twenty-six years old. At that time his "first year" had just passed and he was "getting on his feet" in good shape. He told me that his greatest drawback in securing patronage was his youth. He said in his community it even seemed a crime to be young. One evening after sundown he was in his stable rubbing down his horse. While at work a man came into the stable and looked around as if looking for someone. Stepping from behind his horse the doctor asked who was wanted. "Hello," said the man, "are you the doctor's boy? His wife said I'd find him out here."

Another time this doctor had a case of pneumonia a few miles from town. The patient was a woman well past middle age. The doctor drove out to see her a few times and just at the crisis he was worried considerably by receiving word not to return. She had secured another doctor, he learned the next day. A few weeks later he was called to see the same old lady again. He found her still in bed, not having entirely recovered from her attack of pneumonia. This rather surprised him, and he asked why she had employed another doctor for a time and then sent for him again. "Well," said the venerable dam, "I had a little female trouble, and I thought it might embarrass you to tell you about it, seeing as how you're so young, so I had old Dr. Blank come and see me for a while."

* * *

Though occasionally an ignorant, unworthy man gets past our State Boards, yet conditions nowadays are so much advanced over the days prior to the enactment of present medical laws that we can hardly realize the profound ignorance of some of the so-called doctors of those days. What physician in this day of the world's advancement would jump about excitedly on seeing the bag of waters protruding in his first obstetrical case, and shout out to "send for another doctor quick; by G—, the paunch is coming down"? Not many, I assure you; yet that very thing happened in a rural district in Indiana not so very many years ago.

* * *

A cheerful blaze, some rare old wine and a pipe with a jar of good tobacco brought forth the following story one winter's night, from a gray-haired old doctor who had grown old in the practice. Such mellowing environment soon melted the crusty exterior, and the grave old veteran talked with a sympathy and quiet humor hitherto little suspected to exist under the cold calm of stern experience.

"It was during the early days in one of the new towns of the Southwest. Society was in a very crude state, and the practical joker was a man not to be despised. I had been in town only a few weeks, and my shingle, notifying the unsuspecting public that I was permitted to practice medicine and surgery upon it (the public) swung in the breeze before my office, which was located in a small, low room over one of the numerous saloons. Enemies I had made, as well as friends, during my brief stay, and the former had done

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all in their power to make life unbearable for me and to drive practice from my door. The pet scheme of these jokers who had set themselves up against me, was to send all the old, disreputable negroes in town to call upon me for treatment for fancied ills. They even went so far as to hire an old negro (who had a few hogs at his hovel on the outskirts of town and who drove a lop-eared, bony, gray-haired old mule to a home-made cart, manufactured out of four ancient wheels of assorted sizes, together with various kinds of scrap iron, barrel staves and the like, and with which he hauled swill to the aforesaid hogs) to come up and gravely hitch to my hitching-post, mount my stairs and enquire as to my health every morning at the hour when the streets were busiest. This was a standing joke, and every time I went onto the street I was sure to hear some reference to my old friend the darkey. I was perfectly aware that negro practice would kill me professionally if I allowed it to continue, but I could think of no plan to get rid of the objectionable element.

"There was no dentist in our town at the time, and we doctors (there were three of us) had to pull teeth occasionally. One day I was passing the blacksmith shop I caught sight of a pair of discarded pinchers of the kind the smiths use to hold irons in the fire. They were old and rusty, and apparently cast aside to give place to new ones. Immediately an idea entered my head, and I went in and bought the old pinchers for a quarter. Concealing them carefully, I made my way back to my office. Arriving there, I rummaged about among my few belongings and finally brought to light an old-fashioned, long amputating knife which had been bequeathed to me some years before by an old doctor in my home town back East. Placing the two 'weapons' in a drawer where they would be handy, I went about my business with the hope that my victim would soon arrive.

"A week passed and I was getting desperate. My enemies (the other doctors' friends) never ceased their war on me, and, to make matters worse, my funds were getting perilously low. But I presented a brave front and continued to buy highballs for 'the boys' in the hope that soon they would 'let up' and begin to patronize me.

"At last my day came. It was a beautiful summer morning, and I had risen with that buoyant hopefulness peculiar to youth and which is hard to down. An 'eye-opener' and a good breakfast made me still more hopeful and confident that I would surely win out yet. I tidied up my office with pleasure and was barely through when in came a burly negro, hat in hand and a huge red bandana tied about a swollen jaw. He deposited his timeworn slouch hat carefully on the floor and approached me respectfully.

"'Mawnin', Doctah, sah,' he groaned. 'Please, sah, I'se got a awful misery in my mouf, sah. Dis toofache is som'pin scan-lous.'

"'All right, Sam, sit down,' I answered.

"It was plain the dusky was telling the truth about the 'misery,' but I would not allow my sympathies to rule, and at once decided that here was my chance. Going to my washstand, I slowly scrubbed my hands. Then placing Sam in a chair by the side of my center table, I carefully removed the bandage and took a look at the cavern between his jaws. My diagnosis was 'odontodynia.' Of course, that made poor Sam still worse.

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"'Lawd God! Is dat whut's de mattah w'f me?" he gasped.

"'Yes, and it's a very severe case, and requires an operation,' I told him.

"With that I dug up the blacksmith's pinchers and the amputating knife and laid them on the table beside him. Then I took all the time I could to hunt up a chamois skin, and after I had found it, proceeded to carefully and laboriously polish up that long knife, all the while flashing it before Sam's eyes, and at the same time reassuring him. Finally I was ready and Sam was in a state of almost total collapse.

"'Open your mouth,' I said in sepulchral tones. 'I'll have to excavate around that tooth a little before I can extract it.' But Sam was gone.

"People talked for weeks about the race that 'nigger' put up that morning going down the street. It was even said that he outran a greyhound he had scared, but I cannot vouch for the statement. However, I can swear to the fact that I still have Sam's old hat, and that from the very day Sam left it with me my 'white' practice grew almost as rapidly as my 'black' had left me."

* * *

"In another Western town not far from the location of the first doctor mentioned is a young practitioner whose appearance is just as youthful. He hadn't been in practice long when he was called ten miles into the country to see a lady who was sick in bed. She was about forty-five years old. He gained her confidence at once, and on his second visit found her much improved. The third time he called he found an old woman, perhaps seventy-five years old, who was introduced to him as his patient's mother. While sitting by the bedside talking to the sick woman, he was conscious of very close scrutiny from the old woman, and suddenly she cackled out:

"Seems to me you're a mighty young doctor. How old are ye, anyway?"

"How old do you think?" he parried.

"Oh, about twenty-six," came the answer.

Ignoring the remark, the doctor gave his whole attention to his patient, and was gratified to hear her come to his defense with the remark, directed to her mother:

"Well, he's got more gray hairs in his head than I have, anyway, and I never had a doctor to do me so much good before."

On that same day this doctor, arriving at his office, had hardly entered before a couple of men came in. The first remark from one of them was:

"Well, do you think you're pretty well posted? Pretty young, ain't ye?"

That old man received a hot reply from the young physician, who was by this time ready to relieve his overcharged feelings.

* * *

A professional brother who was a good friend of mine was one day telling of his "first year" experiences, and mentioned one that, when told in his inimitable way, was excruciatingly funny. One day he was sitting in his office, waiting and hoping, when he heard someone come down the hall and stop at his door. It was in the summer, and screen doors were up. He sat for a second, then turned to see who it was. There, just coming around the edge of the door way up near the top, was a little bullet-shaped head, perched on a long, snake-like neck, and with a parody of a face on its anterior aspect. Slowly the neck stretched out, and when it had reached its limit of expansion the opening in the parody that did duty for mouth gaped wide, and "How are you on itch?" came out in one explosion. My

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r friend was never at a loss for swer during my acquaintance him, and in this instance he bel- out without a moment's hesita- and in tones that could be block "I'm fine; come in." With un- ted rapidity the snake-like ap- on vanished as if scared beyond chance of recall, and the doctor hasty, clattering footsteps as it ted down the hall and left him out and howl in his merriment. doctor told me he needed a fee y badly just then, but that ex- nce was worth more to him than a good fee.

* * *

r great West is fast becoming a and civilized country. Not many since we spoke of it as the l West," but there are only com- ively small communities now to that adjective is applicable. In places we may still find the man, with his ever-ready "gun," n other localities the cowboy still the range and is even yet a pic- que figure. But the West—the ne West—is passing—passing y.

was in one of the less civilized ns of a great cattle country that ng friend of mine, just out of al college, decided to locate. oys still abounded there. and it to see one who had broken an hat he was first called. The in- man was at a ranch house thirty from town, and the ride was on a cattle pony, with the cow- who had brought the message as mpanion. It was well after dark the doctor reached the end of de. He found the injury to be ery severe and made short work e reduction of the fracture and ng of the arm. Then he sat in company with half a dozen punchers" and put away grub antity in keeping with the occa- sion—which quantity, by the way, was limited only by the bursting point just short of which he stopped. Our doctor was a witty fellow and a good "mixer," and he made friends with his hosts at once. After supper was over and each had smoked a cigarette, one of the cowboys proposed a little game.

"I'm in," said the doctor.

The cards were produced and the "great American game" held sway all through the hours of darkness and until the call for breakfast was heard. The doctor had "made good." The limit was low, and though he hadn't lost much he had lost cheerfully. He was "right" with the boys. His bank account was getting desperately low, but he had made a "hit," and it was money well spent. From that time on he never lacked friends or patrons. Where the hesitancy of the tenderfoot would have killed him in a professional way the free and easy good-fellowship of the West had established him in a way nothing else would have done.

* * *

Speaking of tenderfeet, were you ever initiated in a Western border town? Likely you say, "No; what do they do to you?" Well, sometimes they do a plenty.

A young physician, after leaving his hospital, drifted West, seeking in a rather aimless way for a place to hang out his shingle. He finally landed in a little new town in one of the recently admitted states. It was a booming border town, with all the life and liveliness common to such settlements. Saloons were more numerous than any other kind of business houses, and the business they were doing seemed to justify their number. The hotel was a crude affair, and its bar the busiest part of the place. Our doctor was a tenderfoot as far as experience with the West and its ways was concerned, but he was supplied with an abundance

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of good common sense, and didn't make the mistake of holding aloof from the others about the hotel, but mixed freely with them and drank with the rest of the boys.

He had been in bed about two hours when a knock aroused him, and he found the landlord at his door, who told him to "hurry up and come down to the bar," there was someone hurt.

Waiting for the doctor when he came down was an ordinary-looking ranchman, who told him a man had been shot through the leg and he must hurry down the street to attend him. The ranchman led the way and the doctor followed—followed for blocks, miles they seemed to him—winding and turning and getting into the wrong places, only to be directed somewhere else. Finally the guide gave an exclamation of satisfaction and led the way into a glaring, noisy saloon, saying, "Here's the place. Boys, where's that man who's shot?" A shout of laughter was the answer, and at once the doctor knew he was being made the object of their sport.

Stepping up to the bar, he quietly remarked: "Gentlemen, you know a little tonic is good for the nerves. I'm a bit nervous tonight, and I think mine will be whisky. What's yours?"

The right word at the right moment. The popularity that was this doctor's after that night fully proved he had "made good." If further proof were needed it was surely found in the reception given a foppish little English doctor who landed in the same town a few weeks later. His first night's "breaking in" was the same up to the point of being laughed at by the boys at the bar. But here the experience varied, for the Englishman became very angry and the boys didn't get the expected round of drinks. The Englishman left for parts more congenial the following day.

Perhaps you have all heard about the Kentucky doctor who, when running for Congress, told this story on himself:

"When I started out to practice medicine," the doctor would tell while "stumping" his district in the interest of his candidacy, "I was very green and ignorant, and, honestly, I didn't know much. I located in a small town in Ohio County and hung out my shingle, and hadn't been there long when I received a call to go and see 'Squire M——, one of the most influential and wealthy citizens, who lived a few miles from town. The 'Squire was sick in bed—I could see that—and by placing my hand on him I could tell he had fever; but what kind of fever he had and what was the matter with him I couldn't have told if my whole future depended upon it.

"After fussing and fuming around for a while I became desperate, and at last decided something must be done if I was to keep the case. So finally, I sent one of the servants to bring me some hot water, and I got my old syringe—one of those long squirt-gun affairs made of metal, with a long piston, like the 'hoss doctors' use nowadays. I rammed the end into the pan of water—into which I had dropped a few drops of something, I don't know what—drew the syringe full, had the old man turn on his side, introduced the 'nozzle,' and gave the 'Squire the whole load into his bowels at one shot. Like a fool, you know, I hadn't tested the temperature of that water, and it proved to be nearly boiling hot. I had no sooner injected it than the 'Squire leaped from bed onto the floor and began dragging himself about like a dog and yelling bloody murder. Gentlemen, I went home at once—yes, I hastened some, too.

"In my time, gentlemen, I've made many calls to see the sick and injured, but never, gentlemen, never in

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y life did I dread calling on a pa-
ent as I did next morning when I
tarted out to see the 'Squire. Think
! it! A young, unknown doctor do-
g such a trick to the best-known
an in the county! Wasn't that
nough to make a fellow feel a little
aky?

"But I went out and approached the
ouse of the 'Squire at the slowest
ait my horse could possibly travel.
Vhen I entered the sick room what
o you think happened to me? You
on't know, do you? Well, there sat
ie 'Squire propped up in bed and
oking bright as a new spring morn.
stepped up to his bedside and found
ie fever was broken.

"'Doc,' he says, 'what in hell did
ou put in that water you used on
ie yesterday? It was the damndest
ottest stuff that ever went into my
owels, but, by Gad, it broke the
ver all right.'

"That was the beginning of my
ame, gentlemen, for the word went
ut all over the country that your
umble servant had made one visit
o old 'Squire M—and broken the
ever the first trip."

Is Medication Useful?

Therapeutic nihilism has become a
d, even a mark of superiority within
certain circle of the medical pro-
ession. To our mind, a man display-
g a doctor's sign and holding him-
elf out as earning a living by medi-
al practice, after declaring such
iews, is in about the same position
s a clergyman continuing his minis-
y after declaring himself to be an
theist or agnostic. Even the most
xtreme therapeutic nihilism would
ustify the continuance of a few sani-
ary and scientific investigators along
nes at present connected with medi-
ine and there would still be a limited
eld for hygienic writers and lectur-
ers, gymnasium instructors, Turkish bath attendants, reformed osteopathists, and the like, but the medical profession, in the historical sense, would logically disappear.

In the more restricted sense of nihilism with regard to drugs we are still very far from doing away with the medical profession. Operators, diagnosticians with regard to the probability of duration of life, feasibility of surgical intervention, medical electricians, X-ray manipulators, etc., would still have a legitimate field of usefulness.

But, to deal with therapeutic nihilism from a practical, utilitarian standpoint, we must take it in the somewhat narrow sense of a scepticism as to the value of drugs. We must almost admit that at present not only the lay conception of the medical profession, but the actual practice of the great majority of its members, consists for the most part in medication in the narrow sense of the word. Medication as a placebo, as a tribute to established custom or deeply inrooted lay ideas, as an adjunct to suggestion or as a method of holding the patient's allegiance so that the physician may prescribe diet, hygienic measures, etc., can not endure. The profession and the laity are, in the aggregate, too intelligent, and the former too honest and the latter too businesslike, to allow the continuance of drug therapeutics unless it is of genuine value.

Personally, we can see no general a priori principle to justify therapeutic nihilism even in the limited sense of a lack of faith in drugs. It does not seem worth while to argue that various mechanic measures, including operations, are of incontestable value in properly selected cases. Nor is it necessary to discuss the value of antiseptics, of cleansing washes for various cavities, or that of

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heat and cold, externally or internally applied. We might claim that a physiologic salt solution, administered solely for the purpose of filling the blood vessels or at a high temperature by the bowel to stimulate renal activity and portal tonicity, is a drug, but we prefer to limit ourselves to the ordinary use of terms.

The great majority of the functions of the body are either directly chemic or depend upon chemic activity. It does not, therefore, seem unreasonable to assume that when disturbed, they may be restored to the normal by appropriate chemicals or that they may, at least, be provisionally assisted by chemicals. We may even expect chemic assistance from substances not directly concerned in normal physiology, or capable of being chemically changed into such substances. We must also admit that a chemic substance may be employed directly to counteract an excess of a physiologic chemical or to supplant it, when the action is identical for the purpose in question. (A fixed alkali, as magnesia for hyperchlorhydria, or phosphoric as a substitute for hydrochloric acid.)

In addition, however, it seems to be firmly established by an empiricism that is not only clinical and superficial, but experimental and scientific, that various bodily functions may be influenced not only by mechanic and vibratory physical forces, but by chemic action, when the functions themselves cannot be considered directly chemic and when we can not imagine that we have influenced the ultimate chemic processes of the body so as to restore a restoration to the normal. For example, the drugs commonly used to prevent pain, or to stimulate the cardio-vascular apparatus, or the reverse, are entirely foreign to th physiologic economy; the functions are not chemic in in the direct sense, nor have we influenced the ultimate chemic processes upon which the integrity of the nervous and muscular structures depend. But, in some way, as incontestable as it is finally inexplicable, we have produced the desired result.

It must be admitted that the great majority of drugs which are essentially foreign to the economy, do not produce permanent results. Sometimes the temporary amelioration of unpleasant symptoms is more than balanced by untoward after-effects. More often, if wisely used, we can relieve the patient while practicing more radical measures of cure, surgical, mechanic or medicative along the first line mentioned and we can tide over emergencies which would otherwise prove fatal. Even the expression "relieve the patient" does not apply solely to the patient's subjective condition. An anaesthetic administered during an operation, or morphine or atrophine given for colic, not only spares the patient unnecessary pain, but actually diminishes shock, or relieves spasm and thus has a favorable action, even considering the patient as a viable organism.

It may be stated almost as a general principle that the immediate and indisputable effects of drugs which even operators in the narrowest sense must admit (for instance, morphine, general anaesthetics, cathartics, etc.) do not constitute the really strong points of drug therapy. On the contrary, the strength of the internist as an administrator of drugs, lies mainly in the judicious use of chemicals which act slowly, which influence osmotic processes, which supplement or counteract secretions, or which combat the various individual manifestations of disease and thus allow the physician to assist natural recuperative powers, somewhat as a skillful angler plays a fish.—The Medical Times.

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The Question of Urinalysis.

During the past four years a change f opinion in respect to a by no means nimportant question has been steadily making headway in the minds of any men connected with the hospials, and especially with those in hich systematic routine examination f the urine has been followed up by utopsy in a relatively large number f cases. We published recently a aper coming to us from Boston, from Boston hospital, in fact, and its uthor, while accepting the classic pinions, appears to do so in a way hich implies reserve. We do not onder at the sudden recrudescence f interest in this question, but we re surprised somewhat at the failure f the majority of those who have ritten to see the importance of the cts they are so industriously accumlating upon the question of diagnosis f tendencies. Perhaps we would be stified in saying that of the three rgans which interest the medical exminer, heart, lungs and kidneys, the idneys have been regarded as that bout which negative statements could e made with the greatest certainty, he position taken consciously by a ew, unconsciously, it may be, by the any has been "no albumen, no disase" and the opposite conclusion has een equally positive.

The nitric acid-heat test has satisfied the examiner and director alike hat the man was uninsurable, or at east was not desirable, and the physician that the man was sick—"because here was albumen in the urine," now ve are beginning to doubt the urety of the sequitur in that "beause." The doubt began among the hen at the top, and it is steadily preading downward, but as it preads, without any increment to the vidence be it noted, we think that ve can see a tendency to make the doubt more concrete. We think that we can perceive a willingness to change the doubt into an acceptable, maybe accepted, opinion, and, to our mind, such change appears to be somewhat premature.

Granting that the trace of serum albumen, and we must keep in mind that this is just what we are in search of, serum-albumen, and nothing else than this, at present. Then we ask where is the line to be drawn between possibly physiological and surely pathological quantities? Shall we say that it is where the nitric acid test becomes available? If we say so then we ask, why draw the line at this limit? It is quite certain that some men excrete more than a trace of albumen every time the heart's action becomes unusually forceful, either after exercise or after a hearty meal. About eighteen months ago some man reported a case in which two eggs were enough to produce a transient excretion of albumen. Another has reported a case in which every meal containing meat was temporarily followed by an albumen excretion. Excessive heart's action from exercise is said to be a cause, or occasion, in many instances. Other cases are reported from time to time, usually discovered at an examination for life insurance, which almost force upon us the conclusion that many men live out life's full expectancy in whose urine a little trouble would bring to the physician demonstrative proof that "something unusual is happening somewhere."

The truth that behind the phenomenon stands the unanswered question not "Why?" but "Whence?" is much too frequently forgotten. We all as students tacitly accept the dictum that in all cases the albumen is a proof that the "tufts," the "glomeruli," are in every case the source of this leakage, but none has offered proof.

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Is it not a fact that when we find the albumen we accept the entire theoretical teaching without further consideration? But would it not be just as well to let the conclusion as to diagnosis depend upon the microscopic evidence from the sediment?

It appears clear to the writer that we have reached a time when to simply say, "I find albumen," and leave this statement of bald fact unqualified is stating but a fraction of the diagnostic data.

Albumen and no casts and albumen with blood corpuscles or pus bodies have vastly different significations from an albumen accompanied by the entire lining membrane of the tubule. Does the "fibrinous cast" smooth, transparent, staining intensely with the acid-fuchsin solution have the same meaning as the cast which but scarce takes this stain at all and stains intensely with alkaline eosine. Or what shall we says in respect to those which stain selectively with the modified Wright's stain? For such there are.

Albumen is found in the urine without casts, and casts are sometimes found without albumen, and six conditions exist in which casts and albumen are found together, but while test tube and microscope have told us just this much, they have failed to tell us one single word more than this, and much, very much more is needed for a diagnosis.

When the bald fact that albumen in the urine stood for disease of the kidney was discovered this symptom became synonymous in the professional mind for "Bright's disease," and so it has been ever since that day, but—and here is the difficulty—a hundred other facts have been learned since which nobody appears to consider at all.

Having some eight or nine symptom groups, some of which it is evident threaten rapidly approaching dea and some which it is quite as evide can hardly threaten death at all, wou it not be a very pious plan to s the symptoms and to determine whi groups are the evidences of disea threatening the patient's life, a which are evidences of conditio purely physiological and without terior bearing?

This is the point which presses up our attention. There are certainly half dozen pathological conditions plied by the symptom groups. can not make practically valuable findings until we know the connecti between these symptom groups, a the conditions which underlay the but until we know the connection us do all we can to put an end this utterly senseless cry of "Brigh disease" every time a trace of al men appears in a patient's uri Granted that it always stands something, it is not more than symptom in itself, but of what?

Let us devote the needed time a attention until we really understa the meaning of these various p nomena. The time is past when best analysis the pathologist co make was "Large red kidney," "La white kidney," "Small red kidne "Small white kidney." We h learned that one of these and ma more are only expressions in the ney of disease throughout the org ism. Is it not almost worth while determine more accurately the questionable relations? Surely, if debris in the urine is so unlike conditions in the kidney can not otherwise, and it is simply foolishn not to use a more obnoxious phr to say that albumen in the urine, accompanied by casts, has the sa significance as when the whole lin membrane of tubule after tub comes away bodily. For centu clinical information was to the f

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hen pathology appeared to have ined a better place, but so far as seases of the kidney are now un- erstood there is no rational explana- on of the symptoms possible. We o not know what they stand for, and ntil we learn 'tis fit that we "walk ore warily, speak (write) less posi- vely, study more carefully." The st word has by no means been said, r otherwise, and none have so much stake as we, the medical exam- ers. What, then, are we to do? Cer- inly common sense demands that in very case when a chemical examin- tion shows albumen we should de- rmine microscopically the kind of asts accompanying and put it up to he medical director to determine the ituation. The medical director should e made to face the situation, not ith the facts of his choice alone, ut in face of the whole group of facts btainable by the examiner. Thus and nus only can the examiner divest imself of all the responsibility fall- ng upon him, as "a medical exam- ner" in the steadily increasing im- ortance of "The Question of Urin- lysis."—Medical Examiner.

Army Medical Department Examinations, 1906.

The act of April 23, 1908, reorgan- zing the Medical Corps of the Army, ives an increase in that corps of six olonels, twelve lieutenant-colonels, orty-five majors, and sixty captains or irst lieutenants, and establishes a Medical Reserve Corps as an adjunct o the Medical Corps. Under this re- ent act, the lieutenants of the Medical Corps are promoted to captain after hree years' service instead of five, and he increase in the higher grades in- ures promotion at a reasonable rate ll through an officer's military career. Furthermore, applicants who are found qualified in the preliminary examination are appointed first lieutenants of the Medical Reserve Corps and ordered to the Army Medical School in Washington, D. C., for eight months' instruction.

The Medical Corps.

Preliminary examination for appointment in the Medical Corps will be held on August 3, 1908, and formal applications should be in possession of the War Department prior to July 1st. The applicant must be a citizen of the United States, between twenty-two and thirty years of age, a graduate of a medical school legally authorized to confer the degree of doctor of medicine, of good moral character and habits, and must have had at least one year's hospital training or its equivalent in practice. The examination will be held concurrently throughout the country at points where boards can conveniently be assembled, and due consideration will be given to the localities from which applications are received, in order to lessen the traveling expenses of applicants as much as possible.

The examination in subjects of general preliminary education may be omitted in the case of applicants holding diplomas from reputable literary or scientific colleges, normal schools or high schools, or graduates of medical schools which require an entrance examination satisfactory to the faculty of the Army Medical School.

The large number of vacancies created in the Medical Corps by recent legislation makes it certain that all successful candidates will be recommended for a commission for several years to come.

The Medical Reserve Corps.

It is desired to obtain and maintain a list of qualified medical men all over the country who are willing to serve as medical officers in time of emergency, and to such men the President is authorized to issue commissions as

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First Lieutenants, Medical Reserve Corps. It is recognized that it will be necessary to place only a limited number of these officers on the active list in time of peace, and it is hoped that young medical men throughout the country and medical officers of tne militia of the various states may be sufficiently interested to secure positions on the Medical Reserve Corps list.

An applicant must be between twenty-two and forty-five years of age, a citizen of the United States, a graduate of a reputable medical school legally authorized to confer the degree of doctor of medicine, and must have qualified to practice medicine in the state in which he resides. Examinations will be held in the near future, and will embrace the practical medical subjects.

Full information concerning the Medical Corps and the Medical Reserve Corps may be procured upon application to the Surgeon General, U. S. Army, Washington, D. C.

Dr. J. E. Dildy, in Texas State Journal of Medicine, says: The average man will give a lawyer $300 to $500, together with a lifetime's praise, to keep him out of the penitentiary for from two to ten years, and at the same time he will raise a phosphorescent glow and a kick that can be heard around the world if a doctor charges him $50 to $100 to keep him out of hell for a lifetime. We are the only people under God's ethereal tent today who keep open shop 24 hours each day and 365 days in each year. We are also the only laborers to keep on working for people who do not pay. I can carry my part of charity with as good a grace as most men. I can go through rain, snow or mud and do my best, provided the case is one of worthy need, but to reward continually downright rascality, willful drunkenness and wanton laziness is getting out of my line.

The average doctor tries to do much work. Every doctor wants everybody to patronize him. He likes to be going night and day, rain or shine, Sunday or weekday, hot or cold. This is a business mistake. It wears a doctor to a frazzle. It gives him no time for bill-collecting and business matters; no time for patients who naturally feel neglected and are slow pay as a consequence. A doctor can do better work, more good, and build up a more enviable reputation if he coolly takes his time and is careful and painstaking in his examinations.

States Rights and National Health.

In his Oration on State Medicine at the Chicago session of the American Medical Association (Journal A. M. A.) Dr. Charles Harrington, Boston, gives a history of efforts that have been made to secure national control of health matters where state laws or state co-operation fail. The nearest approach to a successful outcome of the agitation was the establishment of a National Board of Health in 1879, after the extensive yellow fever epidemic of 1878. It was authorized by law to investigate all questions concerning the public health, to give especial attention to the subject of quarantine, and to concern itself with the project of establishing a permanent national health organization. Its active existence lasted only four years for lack of appropriations. Since tnen the nearest approach to a national health authority has been the Marine-Hospital Service, called since 1902 the United States Public Health and Marine-Hospital Service. Every attempt made thus far to confer on the national government any real power to supervise the national health has found the constitution in the way. It

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only after many hindrances caused states rights jealousies that, rough its power to regulate inter- ate and foreign commerce, the na- onal government has been able to cure its present amount of control quarantine matters, and Harrington nsiders that a constitutional amend- ent giving the central government e power to act for the common good nen local neglect or inability renders necessary, may not unreasonably be manded. The pure food law, he aims, was not a health measure; if ery state did its full duty to its tizens there would be no necessity r any such legislation, and so far it is a health measure, it is an en- oachment on states rights. We are commercial people, and under our ws, commercial considerations out- eigh those of the public health. We can have a national control of vers for commerce and navigation, t we cannot prevent interstate aters from being made public sew- s; we can spend millions to pre- nt epizootics, but nothing to save man life. Until recently the move- ent for a central health control has en promoted only by the medical ofession which has hitherto never own or known its strength. Of late, ere has been an arousal of public ntiment on this matter to some ex- nt, and it is now our duty to foster is interest by educating the public to the needs. Harrington mentions e value of the co-operation of intel- gent laymen in this work, and the nger to be feared from professional norance. As a profession we have t adequately appreciated even the portance of accurate vital statistics, e of the basal necessities of all blic hygiene, and we must educate rselves, and then with the aid of e economists and other trained lay- en educate the public. We have more to fear, he thinks, from profes- sional than from lay ignorance, and it is the unskilled man in the public eye that is most dangerous of all. He asks: Does the profession in general perform its whole duty to the com- munity when it fails to show any con- cern about who shall be the repre- sentatives of preventive medicine? It is a disgrace to America that nowhere else are the interests of public health entrusted so largely to those whose sole claim is the number of votes they can influence or the political wires they can pull. Harrington outlines some of the ways in which the edu- cation of public opinion can be carried out, and, in a general way, the func- tions and limitations of the proposed health bureau or department. He would supplement it with a national council of delegates, one from each state, appointed for a term of years by the governors or state boards of health. The members should be men of recognized standing in medicine, en- gineering or other branches of science that will be of assistance, and should be called together by the head of the bureau once a year or oftener to con- sult and advise about health matters and future work, the expenses to be paid by the government. Such a board, aside from its scientific value, would have a useful influence in pro- moting cordial feeling and harmonious co-operation of the different states.

The Larynx and Tabes.

W. Freudenthal, New York City (Journal A. M. A.), takes issue with the statement of Dr. W. R. G. Har- land, that "the larynx is very seldom seriously affected in locomotor ataxia," and gives the results of his examina- tion of the patients at his command in the Montefiore Home. These out- numbered twenty, and he also exam-

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ined fourteen patients with tabes at the City Hospital on Blackwell's Island, but as these last were only examined once, he considers the findings of no absolute statistical or scientific value. He also examined all the cases of multiple sclerosis at the Montefiore Home, with special reference to paralysis of the abductors, the modifications of the voice, the ataxia movements of the cords, etc. The case histories are given in somewhat abridged form, and the general conclusions summed up substantially as follows: 1. The larynx is frequently the seat of serious affections in tabes. 2. Laryngeal crises are so often met with that they are almost of pathognomonic significance. 3. Unilateral tabes, but a unilateral paralysis of the recurrent nerve, often with the vocal cord in a hyperabducted position, as mentioned by Harland, is nothing uncommon. 4. The abductor fibers of the recurrent laryngeal nerve are affected primarily in tabes as well as in multiple sclerosis. 5. The voice in tabetics is often not changed, in spite of extensive lesions. 6. In order to reach a positive diagnosis all these cases have to be observed for a considerable period. 7. In multiple sclerosis there is frequently a subjective dyspnea that can not be explained by the objective signs.

Kidney Excretion.

Edwin Beer, New York City (Journal A. M. A.), reports seven cases which he thinks demonstrate that a diseased kidney may so affect the excretory activity of the other kidney as to mislead all who rely too much on our present functional tests. This is exclusive of the usually temporary and probably reflex, oliguria or anuria of the second kidney in obstructive conditions of the diseased side, and the degenerative changes or so-called toxic or sympathetic nephritis induced by the disease of the other kidney. In the reported cases he used the phloridzin test which, in normal cases causes glycosuria, and found that the diseased organ so influenced the other that the latter failed to excrete sugar so long as the diseased kidney remained in the body. After nephrectomy the reaction was normal in three cases and after nephropexy in one. Two of the patients died and in one the operation failed to relieve the condition on the diseased side, but in all three the insufficiency of the other kidney indicated by the phloridzin test did not exist. These cases point to but one conclusion, i. e., that a diseased kidney may so influence the second organ as to make it appear gravely diseased. Somewhat similar observations have been reported by Rovsing and Kapsammer; and Albarran, Koranyi and C. Wilbrecht have noticed the improvement in function of the second kidney following relief of diseased conditions in the others. From all the facts Beer concludes that there is probably a factor underlying functional tests that has not been sufficiently emphasized in the past. He does not discuss the question whether this influence is toxic or reflex, or both combined, but until it can be estimated, he says, all functional tests of the excretory activity of a kidney are misleading.

The Unfinished Business of General Hospitals.

S. S. Goldwater, of New York, believes that all hospitals leave a considerable amount of unfinished business behind them in the shape of patients not accommodated and not cured. Certain classes of patients are neglected because not suitable for hospital care, according to the definition now in vogue. Others are not

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rected to the place provided for the lief of their condition. It is not the se that all the beds are fully occu- ed for in some other part of the spital from that to which the pa- ent belongs there may be vacant ds. The venereal patient, the tuber- lous patient, the neurasthenic pa- ent and others are habitually sent vay. Again, the failure to cultivate lentific work may be charged ainst hospital boards. As a medy for these evils the author vocates better co-operation between spitals as to accommodations for tients of different classes, and send- g those that are unsuitable for one stitution to the one where his dis- se can be best treated. Every hos- tal should be equipped with re- urces for laboratory research and struction of the medical man. The tient's confidence should be won d kindness shown him. The hos- tal should co-operate with all relief encies. All the details of admis- on and nonadmission should be pub- shed.—Medical Record.

The New School Hygiene.

Geo. W. Vandergrift, of New York, aws a striking contrast between hool hygiene in the past and in the esent. The new hygiene involves e relief of impaired physical condi- ons in school children. This relief nnot be accomplished by school or me treatment as long as home con- tions are such as to cause and in- ease these effects. Some children ll be truants even when all physi- l disability is absent. Housing con- tions are found to be markedly un- titary in the 1400 defective children amined by the Welfare Committee r School Children. Bad air at night a potent source of physical evils. ildren receive inadequate medical d dental care at home. A small number only are found to have defi- cient breakfasts. School sessions are too long, classes should be smaller and more physical exercise and rec- reation allowed. The co-operation of parents must be secured in the cor- rection of defects by public lectures, pamphlets, advice of family physi- cians and visits of municipal and pri- vate workers. The public must be educated to demand hygiene and san- itary schools, clean streets, clean milk, clean homes, and general good sani- tary conditions. Physically defective children should be indexed. Teachers should be instructed so as to be able to detect physical defects, and thus give the school physician his time for more important details.—Medical Rec- ord.

Cerebrospinal Meningitis.

A. Miller and S. A. Barber, Porter- ville, Cal. (Journal A. M. A.), give an account of an epidemic of cerebro- spinal meningitis occurring in that place, a town of 2,000 inhabitants in the San Joaquin valley, at the foot of the Sierras. In all, sixteen cases are recorded; the first twelve briefly. In these the Flexner antiserum was not employed and only one patient re- covered—a mortality of 91.6 per cent. The other four patients were treated with the antiserum and are reported in full. One died. She was appa- rently improving, but the supply of the antiserum gave out and she was suddenly taken worse in the night after failure to receive the dose she had been receiving and died the next morning. The other three patients made good recoveries. The antiserum was obtained through Dr. Philip King Brown, of San Francisco, who took a special interest in the cases. The authors acknowledge their obligations to him and say that their experience corroborates the wisdom of Dr. Flex-

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ner's instructions to use the serum as early as posible and to inject it into the spinal canal in daily doses of 30 c.c. whether the same amount of spinal fluid is obtained or not.

Eyestrain and Tuberculosis.

Recognizing the frequency of opportunities for tuberculous infection and its prevalence as shown by postmortems, F. Parke Lewis, Buffalo, N. Y. (Journal A. M. A.), reasons that some other element than that of infection must influence the mortality from this disease, otherwise the world would become a mortuary from this cause alone. He includes eyestrain among these factors and claims that it can so derange the nervous functions as to produce gastric and intestinal derangements that, especially in the neurotic, can so lower the vitality and diminish resistance as to retard recovery from pulmonary tuberculosis. Relief of this condition is therefore a necessary part of the treatment and the examination of a suspected case of tuberculous infection is not complete until the condition of the eyes, including the refraction and dynamics of the ocular muscles, has been investigated. Two cases illustrating the dependence of gastric and intestinal disease on ocular derangements are reported. Lewis points out how important nervous conditions are as affecting the incidence and progress of tuberculosis, and the consequent importance of ocular troubles, as a starting point for nervous derangements, in the production of the inadequacy of metabolism that favors pulmonary tuberculosis. The essential propositions of his thesis are summed up as follows: "1. The inadequacies of focus or the motility of the eyes may give rise to and be responsible for disturbances of digestion and assimilation. 2. Lowered vitality, especially in the neurotic, predisposes to tuberculous infection, and as superalimentation is of first importance in effecting a cure, an exact and complete examination of the refraction and of the motility of the eyes should constitute an essential part of the examination of every patient suspected of having the disease. 3. If these are the views of the ophthalmologist on this subject they are of such vital importance to a vast number of sufferers that resolutions to that effect should be adopted and the recommendation made to this Association that it is the sense of the members of this section that no examination for tuberculosis can be considered complete until it shall include the refraction and the motility of the eyes."

A Clinical Study of a Case of Brain Tumor.

William W. Graves, St. Louis, describes an interesting case of brain tumor operated on, with the result of complete cure. The patient had not complained of the cardinal symptoms of brain tumor, headache, optic neuritis, etc. She suffered from Jacksonian epilepsy followed by exhaustion, paralysis of the right side, and aphasia. Operation resulted in the finding of a cyst the size of a hen's egg, which was removed. The patient recovered entirely. The author uses the case as a text to encourage operations on the brain in nervous diseases.—Medical Record.

The Medical Era, St. Louis, Mo., will issue its annual series of gastro-intestinal editions during July and August. In these two issues will be published between 40 and 50 original papers of the largest practical worth, covering every phase of diseases of the gastro-intestinal canal. Sample copies will be supplied readers of this journal.

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e Economics of a Doctor's Charges.

The factors entering into the fee arged by a physician or surgeon are ried and numerous, yet little more an "paying for medicine" is ever nsidered by doctor or patient. In mmerce there is a "first cost" ich includes freight and drayage; "running expense" which includes nt, heat, light and insurance; an ffice expense" of management, buy- and selling, besides "incidentals" o numerous to mention.

In manufacture there is a cost of aw material," a "shop cost" to con- rt the raw material into salable ar- les—and an office and management pense to place the goods on the arket after manufacture. Depreciation, bad debts, insurance and many her factors make the original cost raw material sink into insignifi- nce.

But what about the doctor? First: hool, college and professional edu- tion costing in time and money at ast $5,000. This would bring from 00 to $500 net a year if properly vested. This is the first expense of terest on original investment. This vestment must be protected the me as a stock of goods, hence life surance is a business necessity—an- her expense of $200 to $300 for 0,000 reliable protection. This is proximately a dollar a day a day r interest, and a dollar a day for e insurance protection. To this is ded a dollar a day for house rent interest cost if house is owned by e doctor; a dollar a day for office nt or interest on investment of ice property; another dollar or two r drugs; another dollar for books d instruments; another dollar for ice attention, telephones and special rvice; another dollar contributed o the good of the cause," in church, dge, hospital, political, local and foreign demands, which cannot be considered as charity. Thus we have started our day's work with a fixed expense of $10 a day, but without a bite to eat, a stitch to wear, a mite saved for a rainy day, or the hope of any rest or vacation.

We can economize in our eating, but we have to pay our tailor for good clothes to "put up a front." Three dollars a day furnishes no great luxuries in food and clothes for a family in these times, and if house help is necessary they absorb the vacation money and probably there will be little or nothing saved out of $5,000 that may be collected.

This is excessive one must acknowledge, for the income of the average doctor in the United States is less than a thousand dollars a year, something like $750 it is said. Yet the "average doctor" on two dollars a day, does the bulk of the work. How good this work is done you can find out from the doctor's patients—his families usually swear by him. How poor his work is done you can ascertain from his competitors—they usually swear at him.

A doctor with a two or three dollar a day income and a family to support —no wonder he has no library, few instruments, cheap drugs; no wonder he has no vacation, or that his office is equipped with a box stove and a spittoon.

It requires time and money to make a good doctor. All of us have the same amount at first, but alas, too little do most of us see of the last. Most of us would never have been doctors had it been necessary to anticipate all the money we would have to spend to make us good ones.

Quoting from the Lancet Clinic we have the following: "During the past fifty years there has been a tremendous change in economic conditions as affecting medical men. A half-cen-

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tury ago life was much simpler and less pretentious. The demands upon a physician's time and energies were small and easily satisfied. There were no multitudinous concerns of business and social life requiring attention. The physician had the leisure for reading and systematic research; his library, though small, showed the effects of frequent use. He was a man of weight in public affairs, because it was expected of him that he identify himself with the broad movements in the life about him; and if he did not choose to actively participate in these, his advice was sought and his influence determined many issues. His home was minus the telephone, and the electric light, and he managed to dispense with other things which we now deem necessities. The degree of comfort to which he attained was purchased with very little effort. His standard of life was so simple as not to include expensive wardrobes; the automobile had not yet appeared, his wife cared nothing for trips to the seashore in summer, and for a cottage in Florida or California in winter."

It must be stated, however, that few doctors have spent $5,000 on their education—again there are those who have spent twice that much. Two or three years may be all that the average doctor has studied until he began to make his living out of his practice, while there are others who have spent eight or ten years in college and hospital work. Again the progressive man can easily and does spend as much as ten per cent of his income in making himself a better doctor or surgeon. It is not uncommon for some men to devote a sixth or a third of their time to charity, hospital and college work which can only repay them in their personal betterment in skill and ability.

How little some doctors ever improve after they leave the medical college is one of the blots on the profession. A lawyer must study out every case. A doctor has to decide which placebo to give—the red or the yellow. There are a lot of doctors who are getting more than they should receive, and then there are others who won't get "theirs" until they "pass over." The conscientious, hard working, faithful physician or surgeon can never be paid enough money to recompense him for the work he does.

What does the home life of a busy doctor mean to him? He knows no time for his family. He sleeps at home and takes his meals there, if it is convenient. He sees his children but has no time to romp or play with them. To dress and undress them is hardly a known privilege, while to cuddle them up on his lap and tell them a story or rock the baby to sleep is an unknown pleasure.

Quoting again from a recent editorial we are advised "to stop and consider whether our strenuous existence is really worth while. Are the higher things of life fostered by close application to routine? Is our relation to our patients and to the community as ideal as that existing two generations ago? Do we consistently read the best literature, give our moral and financial support to the best in the drama, in art, in civics? Are we truly patriotic, and do we quite understand the large questions with which every intelligent, cultivated person should become conversant? Would it not be better for us to eliminate the unnecessary, the artificial from our life, and replace these with things of true moment and importance? These questions we might well ponder. Life is extremely short. It should be more than a mere scramble for material or social or professional success. There is something higher than these things, and the time to seek it is the present.

Should not the doctor be paid and

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ell paid for the things he does? hould he not be paid and rewarded or the pleasures he has to forego— or the sacrifices he makes? And yet here is much to the practice of medi- ine besides the fee it brings. There more than money paid the family octor when the young mother smiles s she takes her first babe to her reast. There is something more than oney paid the surgeon when he saves om death a life that a few years go would have been sacrificed. There an unknown pleasure in pondering ver a case that has been obscure, et which we have finally diagnosed. here is a joy in doing surgery when ne can make bones unite as though ney had never been broken; when ne can cut and sew and have tne ound heal with scarce a scar to show here our knife has been.

But what money can repay the sur- eon for saving the life of the child hose bowels have knotted? What oney can pay the skill accoucheur ho manipulated an ill-placed babe nd brought it forth to breathe and ve, when otherwise it and the mother ould have perished? What money an pay the doctor whose skillful min- trations have followed every tide that ade the surging current of a typhoid ever case, who cooled the fever, who uieted the heart, who watched the idneys, who anticipated the hemor- hage, who fought the delirium, wno revented the bedsores and waged a ght that lasted till the disease had pent itself, and nature could again estore herself to health and strength?

Were doctors more concerned about heir success in a professional way, heir financial gains would certainly be reater. The dollar mark is necessary, et it should be exhibited in an incon- picuous manner. Never a bargain or with a cut-rate, half price or rummage ale ticket attached.

Some of the small things that count are frequently forgotten. Recently my mail brought me several letters com- menting on some suggestions I had made in an article. Each of the doc- tors writing me desired an opinion on the subject in question (an economic one), but not a single stamp was en- closed and some of them wrote to me on postals.

As a matter of interest I recently handed ten of my good doctor friends the following question: "What would you do if given five or ten thousand dollars—unrestricted as to use?" The answers are typical of what I expected in reply:

"Buy land in Oklahoma." "Invest it in coal land in Southern Indiana." "Put it in my pocket and start as soon as possible for Japan." "Go to Europe for pleasure and science." "Build a small home." "Travel about the United States." "Buy amalgamated copper."

These answers verify the economic situation of the profession. Namely: Little desire to invest anything further in their profession. Anderson has a good hospital that needs many things. When the Sisters give a banquet all the doctors attend and mention the fact that as yet the city contributes nothing to its support. They ignore the fact of their own failure to help make the hospital better and more self supporting. Our hospitals help us do our work better and we should con- tribute liberally to their support, yet less than 2 per cent of the doctors do contribute in any way to their sup- port or betterment.

My experience with the ministry is that they are made of the same kind of material that common mortals are. They are of two classes—good and bad. The former pay cash, the lat- ter charge everything up to the Lord, so it seems. I had a jolly good fel- low tell me that his wife was en- ciente. He also stated that a certain doctor has sent him word that he

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would attend the wife at this interesting time for half price and include any little attention she might need afterwards. He then asked "What would you charge me, doctor?" I told him I did not do a cut-rate business and would charge him the same as anyone else. He got the "half price man" and his wife received a puerperal infection as rebate.

Another whom I served to the extent of $50 will soon have the account closed by the statute of limitation, although he is making a salary of $1800 a year. Another whom I charged but a small per cent of the customary fee, not only seems to have forgotten my services but also a balance due on his hospital bill. Another whom I told I would contribute my fee to his church, is probably taking advantage of the congregation and crediting his salary with my charge, for I haven't had a chance to donate as yet anything paid by him on account.

There is no reason why a minister should not pay his doctor bills the same as any other man. The better class always do, and those that don't possess an India rubber conscience with an adhesive plaster touch.

Quoting from a recent journal is an editorial that reads as follows:

"We are aware of the fact that in many communities it is the custom to render gratuitous medical and surgical services to the members of the clergy and their families, but that does not mean that the custom is right or that we should always adhere to such a custom. The average member of the clergy has an income fully equal to the income of the average skilled mechanic and greater than the income of the ordinary mechanic, farmer, shopkeeper, clerk or laborer. In many instances he receives free rent, and in some instances free light and fuel in addition to fees for weddings, funerals, christenings, etc. Is it right that we should charge a fee to the common laborer or ordinary mechanic and let our sleek and well-fed member of the clergy off without the payment of a fee?

"And why does the average physician donate his services to the members of the clergy? Is it because he feels that the members of the clergy cannot afford to pay for services rendered? No. He does it either because he has not the moral courage to break away from a vicious custom established by others, or because he really desires to secure the influence of the clergy, and it is generally the latter reason. In other words, the doctor who is buying the influence of the clergy who accepts gratuitous medical services is selling his influence, as he is also selling his self-respect. By accepting gratuitous medical services the clergyman is placing himself under moral obligations to the physician, and by donating the services to the clergyman the physician is placing himself in the position of desiring such relationship and being willing to pay for it. There is neither justice nor reason in the practice, and we are pleased to observe that there is a steadily increasing number of clergymen who not only expect to pay cash for their medical services, but insist upon doing so in justice to their own moral self-respect.

"In our judgment, clergymen should be considered in the same manner as patients coming from any other walk of life. If because of financial circumstances the clergyman is entitled to charity, then he should be granted that charity the same as we grant charity to anyone else, but we do not believe it is right to donate services in whole or in part simply because he is a clergyman while we at the same time expect and demand some sort of fee from the man who earns

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ut a dollar and a half per day and erhaps has a large family to support om his earnings. Our religion is not f that kind."

There are several really serious ropositions to consider in the matter f our charges. First: We are under- aid by those who can afford to ay, and we charge too much when e charge the laborer and the clerk, he mechanic and the unskilled work- nen, the same fee we charge the anker and the business man, or the armer with his broad fields and ripe ank account.

We charge for a visit as much or nore than the average man makes in day's work, our services are worth and yet from an economic viewpoint ur services can hardly be afforded. ome men won't pay, and some men an't, and too frequently these two nen are placed in the same class. A rong accusation makes a half crim- nal and soon the poor but honest man hinks he might as well have the game if he has the name."

Paris physicians have recently dopted a sliding schedule of fees ased on the wage earnings of the ead of the family. This is a just, but mpractical basis for charging, and not o be considered in this country, where aboring conditions are so varied and ncome statistics not a part of our tax ecords.

The surgeon, whose work has lasted half hour, charges in the hundreds or his services, yet the half hour's abor is supplemented by days of anx- ety anticipating the possible dangers f hemorrhage, infection, pulmonary nd renal complication that not infre- uently ensue.—Dr. Maynard A. Aus- in, in The Central States Medical Monitor.

A severe neuralgia at the back of he head and neck in many instances an be relieved when all other means have failed, by severance of the occipital nerves. A palliative remedy is the injection of cocain over the seat of the nerve.—American Journal of Surgery.

A large, slowly healing superficial ulcer of the leg may be due to a thrombosis of one of the small vessels leading to that part. Of course, syphilitic etiology must first be ruled out. —American Journal of Surgery.

The War Upon the American Saloon.

In two-thirds of all the territory of the United States the saloon has been abolished by law. Forty years ago there were 3,500,000 people living in territory where the sale of liquor was prohibited. Now there are 36,000,000 people under prohibitory law. Since that time the population of the country has scarcely doubled, while the population in prohibition territory has increased tenfold. There are 20,000,000 people in the fourteen Southern states, 17,000,000 of whom are under prohibitory law in some form. In 1900 there were 18,000,000 under prohibition in the United States; now there are 36,000,000. In eight months state-wide prohibition has cleared the saloon from an area as great as that of France. In that area there is a solid block of territory 300 miles north and south by 720 miles east and west, in which on the first day of next January a bird can fly from the Mississippi to the Atlantic ocean, and from the boundary of Tennessee to the Gulf of Mexico, without looking down upon a legalized saloon. Great Britain and Ireland could be set down over this space without covering it. There would be 10,000 square miles of "dry" territory left as a border.—From "The Nation's Anti-Drink Crusade," by Ferdinand Cowle Iglehart, in the American Review of Reviews for April.

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Personal

Oregon.

Dr. D. C. Lazier, of Weston, was a recent visitor in Portland.

Dr. W. H. Booth, of Lebanon, was a caller at Albany last month.

Dr. C. J. Smith, of Pendleton, was a Portland visitor last month.

Dr. A. E. King, of Antelope, attended the Portland Rose Festival.

Dr. William O. Spencer, of Huntington, visited in Baker City recently.

Dr. L. D. Scarborough, of Creswell, was a visitor in Eugene last month.

Dr. Bennett, of Monroe, went to Eugene in his automobile last month.

Dr. Hamilton, of Roseburg, called on his friends in Portland last month.

Dr. and Mrs. F. W. Prentice, of Eugene, visited in Portland last month.

Dr. H. P. Hargrave, of Medford, has been reappointed County Health Officer.

Dr. A. J. Giesy, wife and son, have gone to Australia to be away for some time.

Dr. W. W. Oglesby, of Cottage Grove, was a Eugene visitor last month.

Dr. D. C. Lazier, of Weston, recently spent a short time at Hot Lake with his mother.

Dr. W. S. Hamilton, of Roseburg, attended the commencement exercises at Eugene.

Dr. A. A. Finch, of Astoria, spent ten days in Medford the latter part of the month.

Dr. E. Mingus, of Marshfield, was a witness at Coquille last month in a murder case.

Dr. R. H. Jenkins, of Mitchell, attended court last month as a witness at The Dalles.

Dr. B. Daly, of Lakeview, has been selected by the Democrats as a presidential elector.

Dr. and Mrs. G. W. Gregg, of Wallowa, have returned from visiting in Clarkston, Wash.

Dr. V. C. Belknap, of Prairie City, was laid up last month with an attack of scarlet fever.

Dr. E. W. Howard has located in Brownsville, in partnership with Dr. James B. Kelley.

Dr. F. E. Selover, of Eugene, is having plans drawn for a bungalow, to be built this summer.

Dr. S. M. Mann, formerly of North Powder, but now of Portland, visited in La Grande last month.

Dr. Ralph A. Fenton, of Portland, was married last month in Astoria, to Miss Mabel Copley Smith.

Dr. E. A. Romig and family, of Newberg, have left for a few weeks' visit at their old home in Michigan.

Dr. H. J. Kavanaugh, of Albany, went to Harrisburg last month to assist Dr. Dale with an operation.

Dr. G. W. Stephenson, of Medford, has returned from a trip of several weeks, to his old home in Missouri.

Dr. Harvey J. Clements, of Salem, has been added to the medical staff of the Oregon State Insane Asylum.

Dr. F. R. Bowersox, of Ashland, visited at Salem last month. He also came to Portland to visit his father.

Dr. F. E. Selover, of Eugene, came to Portland last month with a patient which he left at one of the hospitals

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Dr. Alfred Kinney, of Astoria, has arted on an erection of a new resi- ence, which will be completed in the ll.

Dr. and Mrs. F. M. Day, of Eugene, ajoyed an outing last month at Blue iver and other upper McKenzie oints.

Dr. J. G. Patterson, of Merrill, was recent visitor in Albany. The Doc- r has recently returned from a trip Philadelphia.

Dr. L. W. Chilton, of Canyon City, as returned from Minneapolis, more an ever satisfied with climatic con- itions in Grant County.

Dr. R. O. Payne, of Ontario, was in ortland last month as a delegate to he Grand Lodges of the Masonic rder and Knights of Pythias.

Dr. and Mrs. R. G. Gale, of North end, took a ten days' vacation in he country with a view of the Doctor ecuperating from his attack of the rippe.

Dr. J. F. Wood, of Condon, has been ppointed by Governor Chamberlain o attend the International Congress f Tuberculosis, to be held in Wash- ngton, D. C., from Sept. 21st to Oc- ober 12th.

Dr. and Mrs. W. Carlton Smith, of Salem, have gone East for five or six weeks. They will visit Chicago, St. Louis and other large cities of the middle West, and will attend the Grand Lodge of B. P. O. Elks, which meets at Dallas, Texas.

Dr. Jessie McGavin, of Portland, was having a pleasant time in Scot- land visiting friends, at last reports. The Doctor contemplates spending three or four months in Europe, tak- ing a general vacation and also post- graduate courses in the various cities.

Dr. McGruder, of the Public Health and Marine Hospital Service, has gone on a short vacation, and during his absence his place will be filled by Dr. C. H. Wheeler, who is well acquainted with the duties of the office, having formerly substituted for that position.

Washington.

Dr. H. A. Mount, of Waitsburg, has invested in a new automobile.

Dr. Carl M. Erb, of Bellingham, was a visitor at Everson last month.

Dr. C. F. Webb, of Loomis, has moved into more convenient offices.

Dr. R. P. Moore, of Davenport, was in Spokane last month on business.

Dr. B. J. Ellis, formerly of Spokane, has been located for some time at Latah.

Dr. and Mrs. C. W. Bales, of Kelso, were in Portland during the Rose Festival.

Dr. R. B. McRae, of Hunters, recently visited in Walla Walla and Spokane.

Dr. and Mrs. L. M. Sims, of Kalama, are visiting friends in Iowa and other central states.

Dr. G. M. Gould, of Rockford, attended the Masonic Grand Lodge at Tacoma last month.

Dr. Charles M. Post and family, of Colfax, are visiting their old home in Alfred, New York.

Dr. W. C. Cardwell, of Pomeroy, entertained a number of medical friends at dinner last month.

Dr. John Johnston, of Ritzville, spent several days last month at Kahlotus, caring for a patient.

Dr. A. E. Braden, of Walla Walla, entertained a number of his medical

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friends last month at dinner, the occasion being his birthday.

Dr. and Mrs. J. H. Sheets, of Buckley, had a picnic last month with some friends at Deep Lake.

Dr. and Mrs. J. S. McElvain, of Anatone, did some camping near the Grand Ronde river last month.

Dr. J. A. Ghent, of Seattle, proposes to become a member of the next legislature of his state if possible.

Dr. I. N. Power, of Cle Elum, has returned home, after spending six weeks on the Sound recuperating.

Dr. W. H. Pallister, of Seattle, recently visited at Pasco and Kennewick, where he used to practice medicine.

Dr. G. W. Ingham, of Olympia, has gone abroad for a year, to take a post-graduate course in Vienna and visit other European cities.

Dr. A. B. Cook, of Colville, was called to Rock Cut last month because of an epidemic of diphtheria which is raging there among the Indians.

Dr. S. M. Wendt, formerly of Castle Rock, has located in Seattle. The Doctor has just returned from the East, where he has been for some months taking a post-graduate course in surgery.

Idaho.

Dr. J. K. Clarke, of Weiser, was a business caller in Boise last month.

Dr. W. J. Middleton, of St. Anthony, attended a meeting of the Shriners at Boise last month.

Dr. George M. Waterhouse, of Weiser, had a fishing trip at the Payette lakes last month.

Dr. R. H. Greene, of Emmett, was at Cambridge last month on his way to look over his farm.

Dr. W. E. Young, of Marysville, was in Twin Falls last month looking up some proposed land purchases.

Dr. and Mrs. J. K. Clarke, of Moscow, spent several days last month visiting friends at Colfax, Wash.

Dr. and Mrs. D. L. Blevins, of St. Anthony, went to Island Park last month to attend the wedding of some friends.

Dr. Ralph Falk has commenced practice at Boise, having entered into partnership with Drs. Collister and Brereton.

Dr. Geo. H. Kennett, of Wardner, was married on June 24th, at Parison. Dr. Kennett has charge of the Wardner hospital.

Montana.

Dr. S. A. Cooney, of Helena, was married to Miss Sarah H. McCarty on the 22nd ult. Dr. Cooney is a native of Lewis & Clarke County and is the County Health Officer.

Pneumothorax and Posture.

Charles A. Elsberg, New York, reminds us of the important influence that pneumothorax has on death from operations on the lungs and pleura. In experiments on dogs he has ascertained that in these animals if the dog be laid on his belly during operations on the lungs and pleura he will do much better than when lying on his back . If he be turned on his back he will die. He thinks that these observations should have a bearing on the use of posture in operations of this character in the human subject.—Medical Record.

One is wise in making assurance doubly sure by tying each fascial suture with three knots instead of two. —American Journal of Surgery.

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MEDICAL SENTINEL

AUGUST
1908

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On July 2nd the hospital of the beneficial association at Cle Elum, ash., was burned to the ground. The loss amounted to from $15,000 to 0,000. Fortunately, the twenty-one patients in the building were removed ithout any harm having come to them.

The South Idaho District Medical Society met at Caldwell on the 5th t. A very successful meeting was held and some interesting papers were ad. It was decided to pass the next quarterly meeting, as the regular nual meeting of the State Society will be held in October.

The work of constructing the new homeopathic hospital on the East de in Portland is progressing. Only the west wing of the proposed ructure is to be erected now. This will be 200 feet long by 70 feet deep, ur stories high, and calls for an expenditure of $120,000.

There seems to be a dispute in Spokane as to whether or not persons means who may happen to be afflicted with smallpox should be treated the city authorities free of charge, or whether they should contribute wards their expenses. Some of the aldermen argue one way and some other.

On July 13th the Whatcom County, Washington, Medical Association d a delightful time at Sumas, where more than forty members were en- rtained at the home of Dr. and Mrs. Clark. Part of the entertainment nsisted of a lawn party and a banquet on the lawn. Papers were read by r. A. L. Cook on "Infantile Convulsions," and by Dr. W. W. Ballaine on The Medical Profession and the Health Officer."

The progressive city of Bellingham, Wash., whose newspapers will not ublish undesirable cure-all advertisements, has been buying anti-diphtheric

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toxin for the use of its health officers. A recent newspaper article reports that it has been over-charged, but the affair is now being straightened out by competition. It is claimed that the lowest price at which it now buys its anti-toxin is $2.20 for for 5,000 units.

Efforts are being put forth in Eastern Oregon by Dr. W. G. Cole, City Physician of Pendleton, to prevent the spread of tuberculosis from cows affected with the disease. He contends that from 10 to 30 per cent of the dairy cows supplying milk to people of Pendleton are affected with tuberculosis. He desires that all dairy cows should be regularly inspected, and all tubercular animals killed.

The Whitman County Medical Association met at Garfield (Wash.) on the 20th ult. An interesting program was given. Dr. Coberly read a paper on "The Relief of Pain by Electric Therapy;" Dr. Else, of Palouse, read a paper on "Cholecystitis," and Dr. Boyd, of Palouse, on "Puerperal Septicemia." A general discussion of the papers was held. After the business meeting, the society was entertained at lunch by Dr. and Mrs. Dix.

At the regular monthly meeting of the Walla Walla Valley Medical Association held June 14th, officers for the next six months were elected as follows: Dr. C. F. Robinson, president; Dr. A. E. Braden, vice-president; Dr. Y. C. Blalock, secretary; Dr. W. M. Van Patten, treasurer; Drs. C. N. Suttner, S. G. Bridgham and Bert Thomas, board of censors. Dr. E. E. Shaw was elected delegate to the state medical convention and Y. C. Blalock was chosen alternate.

Medical Club Names Officers.—The annual meeting of the Portland Medical Club was held on July 14th in the offices of Drs. Timm and French in the Medical building. The following officers were elected: President, Dr. Katherine C. Manion; Vice-President, Dr. Elsie Deputy Patton; Secretary, Dr. Ethel Gray; treasurer, Dr. Mae Cardwell; Member Executive Board, Dr. E. E. Van Alstine. After the meeting the club was entertained at the Portland Grill by Drs. Manion and French.

The authorities in Portland have been busy during the past month with the brethren who have omitted the formality of getting licenses to practice medicine. The city ordinance requiring licenses is an excellent one, and it will go a long way towards assisting the weeding out of the undesirable citizens, whose chief stock in trade is bluff and brass. If the prosecuting authorities can only be persuaded to put a little more energy into this particular branch of their duty, the public will be enormously benefitted.

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The Okanogan County (Wash.) Medical Society was organized on the h ult. at Riverside. The following officers were elected: President, D. M. Fryer, Riverside; vice-president, Dr. J. B. Couche, Twisp; secretary-asurer, Dr. C. R. McKinley, Brewster; board of censors, Dr. W. W. awabland, Loomis; Dr. C. P. House, Oroville, and Dr. A. M. Polk, Con-ully. Permanent organization was effected and a constitution and by-vs adopted. The object of the organization is to promote the general lfare of the medical profession in Okanogan County. Triennial meetings l be held.

There has been a great deal of activity among the medical societies ring the past month, and many excellent papers have been read at all meetings. The physicians and surgeons who get together this way, l discuss matters of common interest, are much benefitted thereby, and much better able to cope with the difficulties that they meet with in ir daily practice. The meeting of the Washington State Society next nth at Walla Walla promises to be a very interesting one, and there l be a good many Oregon medical men in attendance. Dr. Suttner is ving no stones unturned to give the visitors a fine time, socially and fessionally.

Medical Board.—At the closing meeting of the Board of State Medical aminers a change was made in the officers of the Board. Dr. W. S. tt, of Salem, the former President, is succeeded in that position by Dr. C. Panton, of Portland; Dr. Byron E. Miller, Secretary, by Dr. R. C. ffey; and Dr. R. C. Coffey, Treasurer, by Dr. G. B. McDaniel, of Baker y. With the exception of the rotation in office referred to, there is no ange in the composition of the Board. Dr. Miller had held the office Secretary of the Board of Examiners for the last fourteen years, but ked to be relieved of the duties at this time. . The other member, in addi-n to those named, is Dr. F. E. Moore, of La Grande, osteopathist.

The Chehalis County (Wash.) Medical Society met at Elma on July h, and the members were the guests of Dr. French at a banquet. A paper s read by Dr. McDonald, of Hoquiam, on the subject, "When Best to erate for Appendicitis." The paper brought out a general discussion, ich proved of general interest. Dr. Chamberlain, of Aberdeen, led in discussion. Dr. I. R. Watkins presented a paper on "Puerperal Fever spection." It was followed by the usual entertaining discussions. The eting was attended by fourteen members, all portions of the county be-; represented, and it is declared by the local physicians to have been e of the best so far held. Dr. French took much pains to entertain the ciety.

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The authorities in Idaho have made another attempt to secure the conviction of Dr. Raaf, who is charged with practicing medicine without a license. So far it has been impossible to secure the conviction. The juries of Idaho seem to be wonderfully tender-hearted and unwilling to enforce the laws as they exist on the statute books. The fact that Dr. Raaf is purported to have graduated from a medical school of St. Louis, seems to convince the jurors that he has a right to practice in Idaho, whether he can pass the Idaho examination or not. One Idaho newspaper, in commenting on the six trials that have taken place without conviction, asserts that "the taxpayer is the only sufferer." Perhaps this newspaper is wrong. It may be that the unfortunate patients who are treated by physicians without a license are greater sufferers than the mere taxpayer.

Oregon's Greatest Medical Society for 1909 will be held at Pendleton. The State Medical Society will hold its session out of the state, jointly with Washington and Idaho at Seattle during the session of the Exposition. The Eastern Oregon District Medical Society, which is the largest medical body outside of Portland in the state, is therefore making arrangements for a meeting away above any other ever held by that organization. President Spencer has appointed a committee of arrangements consisting of Dr. C. J. Smith, Pendleton, chairman, with all the other physicians of Pendleton, and Dr. Henry Waldo Coe. This committee has already held one meeting and are planning on a session which shall make Seattle jealous. It is planned to have a large attendance from all over the state. An announcement of the meeting will be made later, with the names of the full committee.

At the late examination before the Oregon State Medical Board twenty-three licenses to practice medicine in Oregon were issued by the board, out of sixty-seven examinations taken. Those licensed were: J. R. Barr, Willamette Univeristy; A. L. Houseworth, University of Louisville; F. G. Carlow, Kirksville Osteopathic School; E. B. Waffle, University of Oregon; J. C. O'Day, College of Physicians and Surgeons, Chicago; Bertha L. Devore, Oakland College of Medicine and Surgery; W. L. Nichols, Los Angeles Osteopathic School; W. A. Shea, College of Physicians and Surgeons, New York; F. S. Pratt, University of Oregon; Edna B. Northey, University of Oregon; L. Selling, Johns Hopkins University; Edward Gyles, Jefferson Medical College; E. E. Peterson, Kansas City Medical College; W. T. Johnson, Marion Sims Medical College, of St. Louis; G. E. Christmas, Detroit College of Medicine; J. R. Robinson, Baltimore College of Physicians and Surgeons; E. L. Fletcher, Albany (N. Y.) Medical College; J. P. Truax, Omaha Medical College; O. J. Mork, Royal Fredericks University of Norway; G. S. Beardsley, Hamlin University, of Minneapolis; C. R. Bates, College of Physicians and Surgeons, of Chicago; J. F. Donnelly, University of Pennsylvania; A. I. Murphy, University of Pennsylvania.

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THE MEDICAL SENTINEL

HENRY WALDO COE, M. D. Editor
PORTLAND, OREGON

With the Collaboration of the Officers of The State and District Medical Societies of Oregon, Washington, Idaho, Montana and Utah

Address all communications regarding papers, subscriptions, advertising or business mat- s to the MEDICAL SENTINEL, Marquam Building, Portland, Oregon

OREGON STATE MEDICAL SOCIETY

The slight eruption at the late meeting of the Oregon State Med- cal Society was but a puff of steam as compared to a volcanic belching orth of a mountain side, if the real sentiment of a large number of ose present had been made manifest.

The decisive vote by which the Society adopted the motion of r. Andrew C. Smith, opposing the suggestion of President Coffey bring the scientific meeting to an early close in order to attend e public session at the Presbyterian Church, showed an unmistakable ntiment of criticism present.

Dr. Smith was called from the meeting and on returning presented nother resolution condemning the public phases of the program. It as an unfortunate incident that Dr. Smith, having just then entered, id not know, as all others who were present did, that a vital issue of paper of the leading guest was just then under discussion, or he oubtless would have deferred the same to a more propitious moment, hen it would, judging from the way his former motion carried, ave been carried by a good majority. There was no occasion for r. Coffey to exercise the sarcasm he did toward Dr. Smith, a leading ember of the Society and its ex-President, and an ex-officer of the . M. A., and at the present time just entering his second term as resident of the Portland Medical Society, for it was only by an ccident that things took the turn they did.

"DIRTY LINEN."

The well-bred guest within your home sees there no evil, hears ere no evil, speaks thereof no evil. There may be exceptions, but ese only under greatest provocation and in case of greatest distress. he fact that there was such serious trouble was manifested by a octor from Walla Walla who vociferously damned the "washing of irty linen" while he was at the Commercial Club, still a guest of e Society.

We presume he referred to the criticism of the President which

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the resolution was seeking to "wash." We are not criticising the visitor. That would be unbecoming as to one's guest. We are merely making the records straight.

The Medical Sentinel does not intend to take sides in the controversy, but wants fair play in this which promises to be the most interesting and protracted medical contest on record. It is willing to hold the boys' hats and is determined to see fair play all around.

In order to be strictly fair, let us get our premises right. Let us see where the contestants stand. And first, as to Dr. Coffey.

DR. COFFEY AND SCIENTIFIC MEDICINE.

It is the claim of some of the admirers of Dr. Coffey—mind you, we are leaving Dr. Coffey to speak for himself—that he is doing more real scientific work and original surgery than all other surgeons in Oregon, Washington and Idaho combined. In furtherance of which claim reference is made to the fact that he has operated on more pigs and Guinea pigs than any other ten men in the Northwest. That he has written more papers than any other surgeon in the Northwest. That he is the only surgeon in the Northwest who employs an artist to do drafting and coloring for his papers; that he is the only surgeon who buys his reprints in ten thousand lots and maintains a room devoted strictly to reprints, publicity and the like; that he is the only surgeon in the Northwest who has gotten his original work into the American and foreign text-books; that he was elected President of the Oregon State Medical Society without effort on his part, as he has been to various other positions to which he has been elevated; that his large surgical practice is due to his superior ability and the fact that he does only surgery; that in pursuance of a broad determination for scientific work it is desirable that he should have a staff of specialists associated with him; and that jealousy is the underlying factor in the widespread opposition to him.

The Medical Sentinel believes that there is much truth scattered through these claims. The opposition, however, must now be heard.

"SCIENTIFIC WORK."

The claim is made that much of the so-called scientific work done by Dr. Coffey is purely spectacular. As an evidence of this view attention is called by the critics to the fact that of the vast amount of printed matter emanating from his publicity bureau in ten thousand lots, the vast proportion is re-hash of other writers with addition of immaterial value.

The special artist is evidenced as testimony. The creative genius of such work is made to strike the eye rather than the reading matter impress the cooler judgment, and that this is in line with so-called grand-stand surgery.

The claim is made that the quiet, modest surgeon in his private practice with his work occasionally reported, is oft-times doing more good to humanity and the science of surgery than Dr. Coffey in his scientific discoveries, so-many-per-week, with all the work of the colored picture artist and the ten thousand reprints thereof.

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The claim is also made that the ten thousand reprints and all are
an evidence of high-class scientific attainments, but of a commer-
lism of the most unscientific character. That the publicity room
vors more of a patent medicine joint than of a high-class medical
n, such as the President of the state medical society should be.

FOREIGN LITERATURE.

The claim is made that other doctors of Oregon, Washington and
aho have gotten their work into American and foreign publications.

ELECTION OF DR. COFFEY.

Dr. Coffey was chosen president on a slate, duly considered, it is
imed, and prepared before the election at the Seaside session, in
nich "medical politics" was not at all overlooked. That not only
l this slate include Dr. Coffey and some of the other officers chosen
Seaside, but it included presidents to be chosen at subsequent
ssions. That never before was there so much medical politics as
such session.

STAFF OF SPECIALISTS.

In reply to this claim the statement is made that this innovation
unworthy of a great surgeon such as Dr. Coffey assumes to be.
at it is an undue advantage over every general practitioner and
neral surgeon and specialist not included in this Congress of
ysicians.

DIVIDING FEES.

It is also claimed that the business, great or small, which Dr.
offey enjoys is due more to a division of fees, when sent by other
ctors, and bidding in competitive cases than to any other feature,
d that instead of building up and making of it in Portland a high-
ned scientific pursuit, he has largely converted surgery here into
rade.

NOT PROVEN INNOCENT.

The Medical Sentinel in examining critically the foregoing charges
mits some to be true; some possibly false, and much as not proven.
is an axiom in law that a man who has charges preferred which
e not proven must be deemed innocent.

There come along now other charges, the real cause of the present
pleasantness.

THE COFFEY CONGRESS.

Dr. Coffey has surrounded himself with specialists in various lines.
nother is now in Europe who will ere long be here, and who will
eat only diseases of children.

These are all good men, highly educated, thoroughly qualified and
gh-grade experts in their several lines. There does not seem to be
y disposition to be angry with any of these men. The Medical
ntinel certainly thinks that it would be preposterous to criticise
em. They are generally doing ethical medicine, and also are not to
blamed that they accept the good things which Dr. Coffey is able

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to plan for them, which certainly obligates them to him to a hig degree.

THE STAFF, HOME OFFICE.

Dr. R. C. Coffey, Surgeon·
Dr. W. T. Williamson, Alienist.
Dr. Joseph Sternberg, First Assistant Surgeon.
Dr. Ray Matson, Bacteriologist.
Dr. Gust. Baar, Diagnostician.
Dr. N. W. Jones, Internist.
—— ———, Eye and Ear, Nose and Throat·
—— ———, Children.
There are others.

THAT OREGON SOCIETY PROGRAM.

And that brings us to the exciting cause of the present unplea antness.

In making up the program, the frame of the picture being th outsiders, the list of papers embraced the following:

R. C. Coffey, Chief.
W. T. Williamson, Office Associate.
Joseph Sternberg, First Assistant.
Ray Matson, Bacteriologist.
N. W. Jones, Internal Consultant.
Gustave Baar, Diagnostician.

Dr. Panton, the associate of Dr. Coffey on the State Examinin Board, was given an opportunity to present a paper which was i line with the attack Dr· Coffey made on the Oregon medical college

A physician from Washington was given a place on the progra to describe some fifty "Coffey operations," whatever that may be.

THAT CHURCH AFFAIR.

Dr. Coffey is a consistent member of the First Presbyterian Churc of Portland, having taken a letter from a smaller church of anoth denomination to that organization some time ago. This church the largest and richest of any of the good old Presbyterian denon ination, God Bless Her; and also the richest and most powerful all churches of all denominations in Portland.

It was natural therefore, that Dr. Coffey should select this edifi for his public presentation of the profession. Incidentally it wa wormwood and gall to certain other doctors who look upon the "o First" as their own temple for family worship—such as they have tim to do—and who have been credited with ascribing other than a desi for low and humble fellowship with the saints as a cause of th Doctor's conversion to Presbyterianism.

TOO MUCH JOHNSON.

And that's the whole thing—too much Coffey—and even at th

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isk of its being called a house cleaning, a washing of linen, a protest vas entered at the late meeting.

We have not run across any one who was present at the church neeting, but the newspapers reported that two, out of the half dozen papers scheduled, were read. Dr. Smith, in getting his resolution hrough, to continue the regular scientific work until finished, carrying t through to 1:30 with a lunch hour following, seemed to have kept he doctors away from the church meeting, even if he did not get his resolution against the public exhibit through the meeting.

THE END.

"Where is this packed program to end?" is being asked.

At the Eastern Oregon District Society at least three papers were advertised by the combine, twice in the Oregonian, twice in the Telegram and twice in the Journal, as to be presented in a "fight against quackery" (?), although only one, that of Dr. Matson, was read.

RIGHT IS RIGHT.

There are some things so wrong that they are bound to fall by their own weight. The Medical Sentinel has sought to present this subject in a fair, unbiased, impartial manner. To treat both sides kindly.

In sixteen years the Medical Sentinel has never before recorded a medical controversy. It has never attacked a local physician in all this time, although oft times terribly aggravated. It has deemed it better to suffer wrong in silence than to do something that might be deemed inexpedient. But with friends on both sides of the subject, it has seemed that the present conditions should be plainly stated.

We believe it entirely right and proper if the parties thereto wish, to enter into a medical pool as long planned and often announced by Dr. Coffey.

The editor of this journal and his associates confine their professional work to a narrow line not here discussed. We prefer to act with entire freedom, not entangled with the specialists of any other department, but we feel that it is equally the right of any or all others to affiliate exactly as they choose. Either course is honorable.

To syndicate a medical meeting, as was done at the Oregon State Society, and as is being done elsewhere, is absolutely *wrong.*

THE OREGON MEDICAL SCHOOLS.

Either the medical colleges of Oregon ought to improve or disband, or else there should be a change on the State Medical Examining Board by the removal of one or more members. At the present time here is either thoroughly bad management of the schools, or spite on the part of Dr. Coffey and others. There is a great imposition upon the unfortunate students who are spending money and time at these institutions, now to be turned out impotent to practice in their own state.

Following the several strictures upon these schools by the Presi-

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dent in his address, at an examination of students by the State Boar of Medicine, of which Dr. Coffey is Secretary, but one of the Willam ette students passed, and this student had been in California at Coope Medical College for some months after being once rejected by th Oregon Board. *None of the recent Willamette graduates passed.*

Of some sixteen graduates at the recent commencement of the Stat University, but six of the picked graduates faced the Board, *and b three of these passed.* That the other ten earnestly desired the Orego certificate is certain. Three out of sixteen! Something is wrong some where. The school may be somewhat at fault, but at this range does not seem possible that it all lies with the school.

The reflection on Oregon is nation-wide. A reflection upon tw good universities and a splendid body of old graduates.

The Medical Sentinel will take up this matter in a following issu and treat it from all standpoints. Truth is what we want.

THE LION FROM POTLATCH.

A Lion came out of the Potlatch Mountains into the City. He was young, poor and hungry, and had no friends among humans.

A Man took compassion on the Lion, fed him and Published to the world the remarkable features of the Lion. Many People thereby were led to visit the Lion and bring food and Other Things.

And the Lion fattened and grew strong and one day while the Man was sleeping the Lion attacked the offspring of the Man. If the Man had not wakened the Child would have been eaten by the Lion.

When chided by the Man the Lion replied: "I know you have been my best Friend and have Never Done Aught to me but kindness, but I am a Lion, was born Thus. When I see what I want, friend is indistinguishable from enemy by my Breed of Lion."

COLLEGE CONSOLIDATION.

The consolidation of the Medical Colleges is said to be workin

The State school heartily accepts the dictum and has notified t Willamettes that if the Willamette will be good and quit, the Sta will carry on the proposed single school in a manner highly sat factory to the State school and all others who should be concerned.

The Willamette braves, not to be out-done in politeness, ha notified the State that any reasonable arrangement will be entire satisfactory, and if the State school is in favor of a single college, can speak up at once, as it is leaving the field for a single colle to be managed by the oldest University on the Coast—the Willamet

Another plan being discussed to save the faces of both schoo

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to amalgamate under the caption of the "Medical Department of e Willamette and State Universities," with didactic lectures at Salem d such clinics as the city may have thrown in and the regular nical teaching to be done in the Portland hospitals. With the trolley stem now in vogue between Portland and Salem, it is urged that a stem of commutation tickets could be secured which would reduce e cost of dual city transportation and education to a minimum.

The Medical Sentinel admits there is nothing but gossip in the regoing. Nothing authentic as yet.

CONSOLIDATION OF JOURNALS.

As to consolidation of medical journals, of course we are in a sition to speak more by authority. We feel certain in this matter e would know if consolidation had been effected.

We are much disappointed at progress up to date.

The committee is made up of two Democrats and one Republican. here are five Republicans to one Democrat in the medical profession Oregon; probably it is worse than that—and no Democrat before r. Coffey ever saw the opportunity of Democracising the Oregon ofession in society, board, etc., but Coffey is a Southerner and turally party comes near the top of his list. Harry Lane, C. J. nith and a few others have been derelict and must now return to e rear of medical Democracy.

MONEY IN SIGHT.

The Medical Journal Committee which is to follow orders and y up and consolidate is made up of the right kind of financial aterial.

Dr. Williamson owns a sanitarium and houses and lands and rious unearned increments, the interest upon which every six months akes life glad and an already placid temperament all the more placid. o wonder he makes the ideal toast master.

Dr. K. A. J. Mackenzie owns brick blocks and stone houses, is a rector in a National Bank in Portland, and has possessions everyhere. He was one of the few plungers who went through the proacted panic of 1893-6 without having to give up some of his property. e is older now and no longer plunges. He never knew there was a nic in 1907 when most of us were worrying.

Dr. C. J. Smith, of Pendleton, is one of the wealthy men of stern Oregon. He owns a brick block and other valuable city operty, while many of the finest wheat farms in Umatilla County long to him. Each has a large practice. In fact, parenthetically, e three men on this committee, along with the editor of this journal d a few others, were supposed to be meant in one of the papers read the meeting on "Why We Grow Old," under the caption "Aged ying to Keep What They Have."

This was the committee appointed to buy and amalgamate the edical journals. As the society has, after paying the senseless penditures for published proceedings, a total balance in the treasury $100, it took strong men financially to go forward with the scheme.

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WAITING.

We gave orders to admit the committee to our private office in preference to all others. We needed money to pay our debts. We cheerfully stood off our creditors, promising freely. We surveyed a trolley line in Umatilla County but deemed it prudent to wait until the real money should be paid us before ordering ties and rails. We planned a trip abroad. Talk about castles; a newspaper man waiting for a committee to buy his plant. Happiness? If you were never in the publishing business, you do not know how we felt. Up to now, though, there is nothing doing. We are still waiting, and so is our printer, our paper man, our grocer and the tax collector too nearly due.

We had a hint the other day from an acquaintance of a friend of a relative of one of the committee, that it must first consult the Idaho and Washington societies. We are still hopeful and waiting.

REMOVALS.

In the amalgamations to be accomplished, the seat of the new institutions is an important feature.

It is assumed that Idaho and Washington will not consent that Oregon shall have both Medical College and Medical Journal if there is to be but one of each. Where will the college be located? Where the new journal?

The easiest solution would be to keep the college in Oregon and move the Medical Journal to Boise or to Spokane, all to be handy somewhere in the Columbia Basin. With Idaho and Oregon voting against Washington, it could thus be easily arranged.

SEATTLE.

But there is always Seattle to come in and break up such harmony. The Seattle plan is as follows: They have had all the journal business they want, and they propose to give the journal jointly to Portland, Salem and Boise, and to take the college to Seattle.

They argue that the schools in Oregon have long been a source of internal strife and commotion. That the equipment is not large here; that for these many years Seattle had loyally supported the Oregon institutions; that with twenty-three graduates from both schools this summer, the Oregon examining board passed but three, showing something wrong somewhere, needing a change, and that the school should come to Seattle and become a department of the University of Washington. That the Oregon colleges should sell their buildings and take the money and buy the two medical journals, and any money that should be left over, could be put into an endowment of the journal, payable to the present professors who should become editors of the new journal. And that is the Seattle plan. One thing seems certain. Portland is to lose either the school or the journal.

The Medical Sentinel is candid in acknowledging that while there is much to be said on both sides, it is inclined to favor the Seattle plan.

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RADIUM SPRINGS MEETING EASTERN OREGON MEDICAL SOCIETY

Too many thanks cannot be given to Dr. W. J. May for the kindly manner in which he looked after every want of the doctors in attendance at the meeting.

Mrs. May came in for a share of the praise and she rightly deserved it.

Radium Springs lies about one mile back of the little town of Haines, from which the Sanitarium bus and automobiles make frequent trips.

The waters here consist of the hot sulphur springs, and a cold crystal spring furnishing drinking and other water for the institution.

Dr. May opened the springs about three years ago, since when they have been well patronized.

One year ago the hotel and sanitarium were burned to the ground, but Dr. May courageously renewed his battle and rebuilt the present edifice, and reports a constantly growing clientele.

The institution is in a valley skirted by ragged peaks and picturesque mountains, and the river running by the door is full of speckled beauties. The water has a temperature of 140 F., and the institution is equipped with all varieties of baths.

* * *

To build up a sanitarium is no fairy dream. I am sure Dr. May understands this. Not only money but also the important element of time must come in. Much of the former and three years of the latter, being now in the institution. From now on things ought to be easier. But whether easy or hard, Dr. May is in the project to stay, and the difficulties only stimulate to harder work, and the easier period later when it comes, and that will be some years hence, will be the more appreciated.

Dr. May has long been known as a surgeon, and he has carried his professional attainment into his sanitarium, and the Radium Hospital records show operations for most all major ailments, and in substantial numbers. The operating room is built for aseptic work, and is furnished with a Lilienthal table and other conveniences. Dr. May has been in practice since 1892.

The Mays are musical, and it would be lacking in description of essentials not to speak of the pleasures accorded by the magnificently trained voice of graceful Miss May, the eldest daughter.

* * *

Dr. W. T. Phy was President. Cool and deliberate, yet precise and prompt, a truly surgical temperament, he made a presiding officer par excellence. It is certain that only by his tactful handling of the meeting was the Society in the course of one day able to finish up so well its splendid program.

* * *

Dr. Nicholas Molitor was Secretary-Treasurer, and he had done his work well. Genial and whole souled, he had in conjunction with

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the other officers, secured a goodly number of splendid papers, a his books, records and accounts were in the apple-pie order we wo have expected. Dr. Molitor has been in practice in La Grande about fifteen years.

* * *

Dr. Wm. O. Spencer was First Vice-President, and was at meeting chosen President for the ensuing year.

Dr. Spencer seems to have friends only. At least I have ne heard a word spoken about him, other than in praise, and I h heard him often discussed. He was Secretary of the Society two years, during its time of re-organization—and the present elec is a fitting tribute to the man and his valuable work in re-organizat

* * *

Dr. R. C. McDaniel was the Second Vice-President. He i coming young man, associated at Baker City with his older brot who is in active surgical practice; the opportunities before him large, and with a splendid educational equipment and many na qualities of highest excellence, with good health and proper hal success is assured.

His paper touching upon Post-operative Technique was one of best papers on this subject ever written in Oregon, and puts hin the rank of Oregon's medical paper writers.

He was elected Secretary-Treasurer, and the Society voted the money in the treasury to complete the old records of the Soci ante-dating re-organization. He will do his work well.

* * *

O. M. Dodson was at the meeting. A shower of sunshine alw he made one feel at home. I remember him as present at the meeting of the Oregon Society I attended seventen years ago.

* * *

Dr. G. A. Pogue of Ontario took an active part in the delib tions of the session. He has lived in Oregon for seventeen year surgeon for the O. R. & N. and the M. V. R. R. He came here f Lincoln, Nebraska, where he was formerly in practice. Dr. Pogue a daughter who is a graduate of Corvallis, and who owns a hot mir spring in Malheur County.

* * *

Dr. E. W. Barnes of North Powder was at the meeting. Barnes belongs to the old school of conservative practice. He not let the fact that he has been a long time in practice prevent conscientious attendance at medical meetings, and rarely is there a gathering in Eastern Oregon or a session of the State Societ which he is not present, which means that he is anxious to receive good medical things in store for those who take time to go to mee meetings.

* * *

Dr. C. J. Smith of Pendleton read the first paper. As Dr. S pointed out, it is not uncommon for a patient to come into the o of a doctor in Eastern Oregon and remark: "Doctor, my physicia

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Portland said he thought Eastern Oregon would benefit me, and I have come over the mountains to see what climate and you would do for me." As a matter of fact, there is every kind of a climate in Eastern Oregon. Arid or wet, hot or cold, windy or still, but I must not tell what the doctor said, for his paper will be published in the Medical Sentinel and all should and doubtless will read it.

It is fortunate when such a paper is published in a widely circulated journal such as the Medical Sentinel is, where it is read by thousands instead of being lost for all time by being published in some proceedings of a trifling few hundred, with much other bulk, wherein it is not even read by the few who get such proceedings.

Dr. Smith has recently spent the greater portion of a year abroad, and has seen much about climate and resorts while away.

* * *

Dr. Smith, who is a state senator, with Dr. Harry Lane has always been looked upon to keep the Democratic party in Oregon in line for such legislation as the medical profession deemed proper, and his friendships in the profession are not bound by partisan lines. The advent upon the Oregon sky of the new Democratic star, now in its zenith, Dr. Coffey, who seeks to change old things and ways and make the medical profession of Oregon a Democratic annex, must have its effect and retire the old standbys everywhere. It is deeply to be regretted that party politics now threatens to open up a serious breach where party politics never before has been played.

* * *

Dr. E. N. Crockett is one of the solid, substantial men in the Portland profession. He got his start in Eastern Oregon in the practice of medicine, and was quite at home at Radium with the Eastern Oregon Medical. Dr. Crockett's paper was well received.

To discuss thyroid surgery right after the Oregon Society, showed that Dr. Crockett felt that he had something to say worth while, and his friends were not disappointed. Dr. Crockett's modest and unassuming manner tends always to make friends for him as they did at the meeting.

* * *

Dr. A. K. Higgs, of Portland, who is a specialist on eye, ear, nose and throat diseases, was among friends. He practiced medicine in Southeastern Oregon for several years and has a host of friends in this region. His paper portrayed in vivid manner the moral obligation of the profession to the unfortunate class where partial deafness results from failure to remove in youth adenoids and hypertrophied tonsils. Dr. Higgs has just returned from a post-graduate course in Europe.

* * *

Dr. W. T. Williamson was a visitor at the session and toast master at the banquet. His remarks upon the papers were apropos, and well received. At the banquet he specially shone. Nature has been kind to the doctor in his ability to speak well on any occasion. What he says is like the music of poetry and the poetry of music. All Dr. Williamson needs is to make no mal-alliances, and medicine will be to

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him but a dream of pleasure, for he, on his own motion and by his own nature, makes only friends.

Although a strong Democrat, he has no natural disposition to attempt to Democracise the medical profession, as manifested by the fact that through alternating Republican and Democratic administrations, for nearly twenty years, Dr. Williamson retained his position on the medical staff of the Oregon Insane Asylum.

* * *

Dr. Ray Matson of Portland presented one of his usually good papers, which will be published in the Medical Sentinel. Dr. Matson has a good start, and ought to be one of the best men in his line on this Coast. There are some rocks and rapids before every young man, but we feel sure the doctor is to steer his bark safely through. Dr. Matson was accompanied by his charming wife, who doubtless is truly a helpmate in his life work.

* * *

Dr. R. L. Gillespie, of Portland, was at the meeting and took an active part therein. Of all the men I have ever known, Dr. Gillespie combines the largest number of good qualities with none that are bad. He is kind and sympathetic, conscientious and painstaking, and while I do not discuss his medical attainments for fear it might be considered too personal, I take this opportunity of testifying that in toward ten years of close relationship there has never been the shadow of a critical word between us.

* * *

Dr. Leo. W. Chilton, who was chosen one of the Vice-Presidents, made some appropriate remarks. Dr. Chilton was formerly located in Canyon City, but has recently moved to North Powder.

* * *

Dr. Clark Saunders opened the discussion on the paper of Dr. A. K. Higgs, as well as discussed some other papers. Dr. Saunders was formerly at North Powder, where he did well in practice, but will open up a new field before long. He is at present actively engaged at Hot Lake as assistant to Dr. W. T. Phy, where he is finding a strenuous life among the multitude of patients at that prosperous institution.

* * *

Dr. Edmunds, of Hood River, was at the meeting and discussed some papers with credit to himself. He is an eye and ear specialist, and is doing well at Hood River, where he recently located from Seattle.

* * *

There were a number of young men present who took part in the session who deserve special mention, but there is time for these at some future meeting.

I am very proud of them all, and of the Eastern Oregon District Medical Society.

HENRY WALDO COE.

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SURGERY OF THE PERITONEUM

By T. C. WITHERSPOON, M. D.
Butte, Mont.

Read before the Oregon State Medical Society, July 1, 1908

The scope allowed the writer by the subject of this paper is practically as large as that of "Abdominal and Pelvic Surgery," so intimately is the peritoneum associated with the viscera of these regions. It is not the purpose, however, to treat the subject as broadly, but to limit the discussion to those conditions which directly involve surgical handling of the peritoneum. This will include a consideration of lesions primarily peritoneal and those which by secondary involvement of the peritoneum or its cavity make the outcome essentially dependent upon the treatment of the peritoneum. The paper is likewise based upon personal experience in surgery of the peritoneum and its cavity, and will set forth the views entertained by the writer.

A presentation of the anatomy of the peritoneum in a comprehensive manner would be tedious and entail detailing of well known facts. However, it is not inopportune to discuss several features of the gross and minute anatomy which are at present receiving attention with some difference of opinion.

Much has been written about the endothelium or epithelium which forms the cavity layer. To the surgeon it signifies but little, whether we agree with those who follow Kolossow's teaching, that these cells are epithelial, or with those who think, with Bordeau, that they are the result of mechanical pressure and friction in the mesoblastic layer from developing viscera. The important fact is, a layer of flattened polyhedral cells joined to one another by minute processes of protoplasm allowing the presence of more or less semifluid material between them. These cells exfoliate and proliferate rapidly and allow of a ready transudation of plastic material which unites opposing surfaces together when subjected to mechanical, chemical, thermal irritation, or certain micro-organic inoculation.

In a recent paper by J. B. Murphy, which appeared in the June number of the Annals of Surgery, the statement is made by him that "There are no stomata or stigmata in the peritoneum, the endothelial lining is everywhere continuous. The importance of the peritoneum lies not so much in its great surface as in its tremendous power of absorption, especially marked in the diaphragmatic and omental areas." This seems to be at the present moment of relatively small importance, viewed from the standpoint of the surgeon. The fact is that since the announcement by Von Recklinghausen of the existence of small

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spaces which he named "stomata" and which he considered lymphatic mouths, the anatomists and physiologists have almost universally subscribed to the theory that these spaces were points of entrance for fluid held within the peritoneal cavity. Just why this view has obtained such credence does not appear, for it has not been shown that there is the necessity for such structures or for such function. If such be the case, however, and the stomata are, in fact, functionating lymphatic mouths, under normal conditions, they certainly play but little part in helping absorption of inflammatory products during an active process because of the closure of these openings by plastic material and exfoliation of the inner layer of peritoneal cells exposed to the inflammation. That the peritoneum does possess the faculty of absorbing fluids and of disposing of small particles of foreign material is well authenticated, but I cannot agree that it has the tremendous power of absorption referred to by many. Fluids injected into the various mesoblastic tissues of the body are as readily disposed of, even more so, than they are by the peritoneum. In fact, all cells of the body, which are not altered by degenerations which render them or their exposed surfaces dense, are capable of absorption. A study of the endothelium of the peritoneum impresses one with the idea that the surface plates retard absorption and it must take place through the interendothelial route.

The area which absorbs most readily has been the subject of a great deal of investigative work. Experiments done on the lower animals would seem to indicate that the greatest absorbing power resides in the diaphragmatic peritoneum. These experiments have been done on animals which assume the horizontal position in locomotion and rest, and since the normal tendency of all body fluid is heartward, it is not difficult to see that the diaphragmatic route is the logical one, since it is the shortest, offers least resistance and is not hindered by gravity. In man, it has not been certainly proven that a like state obtains, though possibly it does.

From a surgical point of view this fact, should it be established, is not comparable with the general anatomic features of the peritoneal cavity which govern the handling of an inflammatory process.

So much stress has of late been laid upon the absorbing quality of the peritoneum, especially since Clark advocated postural treatment of peritonitis with elevation of the feet to increase absorption of the inflammatory products and Fowler elevation of the head to retard it, the surgeon has, to some extent, lost sight of the more important features of a tangible mechanical kind which indeed should direct his management of a case. The really important anatomical consideration is one of drainage; where can this be best established? The general arrangement of the viscera, the continuity of the pelvic and abdominal cavities, the shape of the culdesac of Douglas, and the fact that only the rectum of all the viscera contained within the general cavity is attached to the posterior wall of the pelvis, make it apparent that the pelvis is the best location for drain when supplemented by position.

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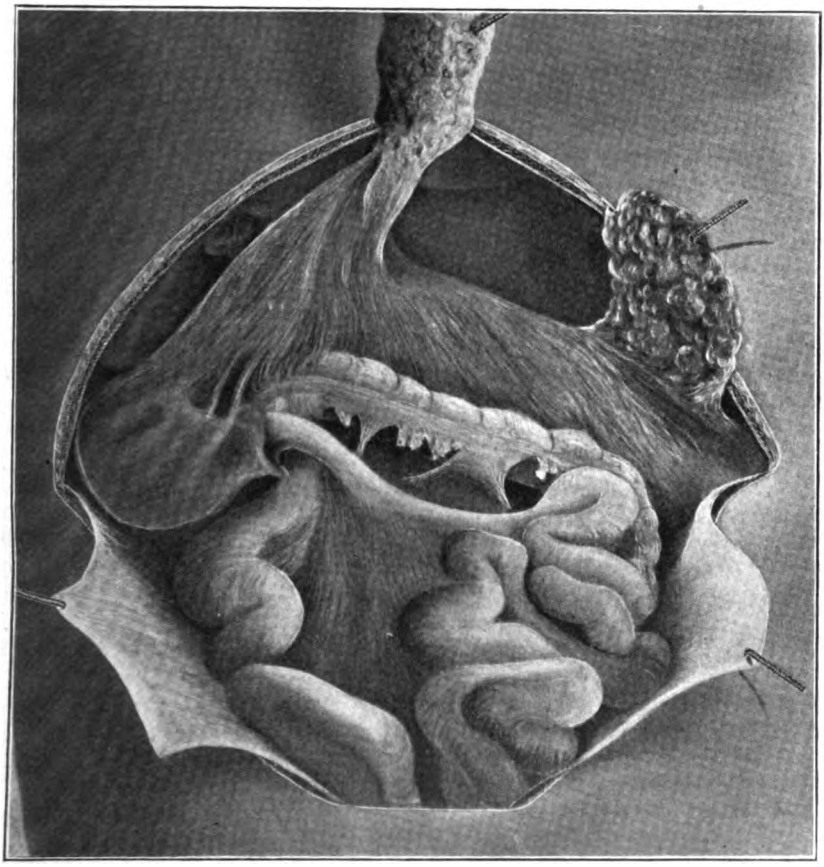
In this connection it is apropos to speak of a very interesting and instructive paper read by Dr. R. C. Coffey, of Portland, at the Salt Lake City meeting of the W. S. and G. Association, in August, 1906. This paper set forth in very clear light the mechanical factors which must be considered in gravity drainage of the abdomen and pelvis. A cadaver from which the stomach and intestines (except the appendix



and caecum) were removed, was filled with a plaster mold. Measurements accurately made of this mould showed that the abdomino-pelvic cavity of the cadaver, when resting horizontally, was deepest in the loins. As the psoas muscle separates the loins from the pelvis it was found that a thorax elevation of more than 51 degrees was necessary to drain from the loin over the psoas into the pelvis.

Unquestionably this finding is correct, and represents a fair average of all individual cavities, but there are three factors which in the living subject may be taken into consideration, namely: the loin is normally filled by the colon, which structure the doctor removed from

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the cadaver; the colon lies in part behind the peritoneum, and in those inflammatory conditions which necessitate drain, a distended colon always elevates this peritoneum, making but a shallow pocket of the loin. Practically, my experience has been, an elevation of the thorax above the pelvis at an angle of 25 to 30 degrees suffices in all cases to give complete drain.

The peritoneum is subject to malformations, the result of adhesions during the development of an individual. This may lead to slight or very great visceral disarrangement. I have with me three sketches of such a condition I ran across in the dissecting room four years ago while studying hernial anatomy. They clearly show how great a difficulty the surgeon might encounter in a surgical lesion in such an individual. The cadaver was one of those turned over to the college and record of his name with his history could not be found. He had evidently died of phthisis pulmonalis, as the lungs indicated, he also being somewhat emaciated. A large right inguinal hernia, which had not been reduced, was very apparent. There were no other external signs which might throw light upon his former general condition. The hernia was omental and had remained, unreduced, in the sac for some time. The neck constriction was marked, while the portion beyond, in the sac, was large, round and lipomatous. No portion of bowel entered the sac. The stomach was small and its lesser curvature bound to the posterior abdominal wall. Adhesions were ancient. No evidence of gastric mucous membrane lesion could be discovered. The intestines at the ileo-jejunal junction were matted together by ancient adhesions, but without parietal adhesions. The duodeum ascended abruptly from the pylorus to the under surface of the liver, to which it was adherent, then descended to its termination in the jejunum in a caudad direction. The ascending portion measured 5 cms, the descending 10 cms. There was no transverse limb. The jejunum commenced just median to and caudad from the ilio-caecal junction. The entire duodeum was posterior to the peritoneum. The mesentery extended from a point opposite the upper portion of the third lumbar vertebra on the right to a similar point on the left side. In its passage across the vertebral column it was attached in a line convex downward reaching to the upper border of the fifth lumbar vertebra. The last 10 cms of the ilium as it passed across the vertebral column from left to right above the mesenteric attachment was tightly bound to the posterior wall. It possessed no mesentery apparently. Three bands passed from this portion of ilium to the transverse colon. The ascending and descending colon had no mesocolon and were firmly bound to the parietal wall. The rectum commenced just anterior to the left sacro iliac articulation and passed in a straight course to the anus. This part of the tract was also tightly adherent to the posterior pelvic wall. A portion of ilium was also bound to the large bowel by bands extending from the anterior surface of the third and fifth lumbar vertebrae. The relationship of the transverse colon to the vessels and duodenum is best shown by reference to the picture. The only explanation of this condition is an early peritonitis

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during the period of development. This has usually been ascribed to syphilis. Perhaps some other infection from which the mother suffered was the cause in this instance, as no evidence existed in other tissues of a congenital syphilis.

Hernia into the rather inconstant fossae of the peritoneum, the superior duodenal, the inferior duodenal, the paraduodenal, the mesocolic and the mesenterica parietal (Waldeyer) must be uncommon, as I confess never to have recognized but one such, though I have made search in each obstructed bowel upon which I have operated where it could be done without exposing the viscera to unnecessary handling. In a paper of this kind statistics of others are not called for.

A full consideration of peritoneal adhesions constitutes one of the most interesting chapters in the surgery of the abdomen. They are always the result of either an infection or a destruction of a portion of peritoneum. From a surgical aspect they may be grossly divided into pre-operative and post-operative. Pre-operative adhesions are to be looked upon as protective and as a rule not harmful. They result from a plastic agglutinative process which originally acted as a barrier against the spread of some local infection to the general peritoneum. The opposing surfaces usually cover viscera which are in a fairly normal position and which can continue their normal function unimpeded by a mechanical disarrangement. This, of course, is not invariably true, as, for instance, the adhesions about the pylorus, which may occur during a period of gastric distension and cause traction and impede action of the viscus. But the proposition is fundamentally true that the preoperative adhesions are protective in function and bind viscera together in fairly normal relationship, thus adding no mechanical difficulty to function.

Vastly different are the post-operative adhesions; the result of injury to the peritoneum plus, at times, an infection, either freshly added or spread from a local point pre-existing in the cavity. As a rule, the operation, either by tissue removal or mechanical displacements, has brought about a more or less abnormal visceral relationship, and adhesions occur binding together these viscera in faulty position. This in turn leads to an endless chain of symptoms most discomforting to the sufferer and not infrequently dangerous.

There is likewise a difference in the stability of the two classes of adhesions. The first, due to a natural protective process, give way when their presence is no longer required by an endangering focal infection; the latter are dense and frequently permanent, having been engendered by contact between two surfaces, one of which, at least, had lost its peritoneum. The question, what to do when adhesions exist, faces the operator every time he enters the abdominal cavity. I cannot agree with Dr. McGuire when he says, "It is a crime to break up adhesions," if taken as a general rule of action. In preoperative adhesions there is no call for further disturbance of the peritoneum than merely removal of the focus of infection. This always necessitates a certain amount of breaking up of the adhesions alone unless they are evidently dangerous. I find it often a wise plan

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when drainage is used, to reunite the former adherent surface about the drain by a fine gut stitch, in the same relationship found on opening the cavity. This assures a normal visceral relationship at least. Much different, however, is the rule which should govern the attitude of the surgeon in the post-operative adhesions. These, no doubt, are best handled in the large per cent of cases by dividing the viscera and resorting to some form of peritoneal plastic alteration which will close all surfaces uncovered by healthy peritoneum. Of all the means of closure none so universally prove useful as that of uniting the healthy edges by pulling them over the defect and maintaining closure with a fine continuous catgut stitch. The use of omental grafts, Cargyle membrane, powders, oil, etc., which are from time to time recommended, in my experience are of no value, even harmful. The use of the intact omentum is at times very helpful about the caecum, the gall bladder and pylorus, but not useful in covering raw surfaces of the small intestine. With a moderate amount of mechanical ingenuity there is often but little difficulty experienced in covering up peritoneum free tissue. One rule I invariably follow, where much intestinal peritoneal injury has to be contended with, is to raise the abdominal walls well by grasping each side of the wound and to thoroughly shake the patient before closing the abdomen. This usually brings the bowel loops in a fairly normal position. The plan of administering cathartic early, by mouth, in order that peristaltic movements may bring about a normal relationship of bowel loops and possibly prevent reformation of adhesions, is fallacious and bad. Glycerine or alum enemas to empty the colon is all that is justifiable. The paralysis of trauma and the congestion and tumidity of the bowel coats resulting from broken up adhesions is best treated by the "let alone" method. Simply be sure that the relative position of the loops is fairly normal and let time be the factor relied upon to establish function. The possibility of obstruction of the bowels following adhesions is not great provided infection be eliminated. With a non-inflamed bowel wall, closure of the lumen is not to be looked for. Would the limit of 20 minutes allow, no discussion would be more interesting than that of the handling of the peritoneum in abdominal operations. Intestinal paralysis, gastro mesenteric ileus, adhesions, absorptive capacity, extension of infection are each and all topics which could interestingly engage the attention.

At times the peritoneum becomes flooded with blood, the result of injury, disease, or ectopic pregnancy. The various lesions which lead to this haemo-peritoneum will not be considered but, for a moment, let me speak of the manner of handling the blood. The commonest cause for the hemorrhage is ectopic pregnancy. I have found it a good plan to let the patient sit up a moment on the operating table before giving the anaesthetic, provided the pulse does not contra indicate. This will allow the fluid blood to gravitate toward the pelvis. Until the abdomen is opened, the bleeding point caught and the blood largely removed, it is best not to tilt the table to a Trendellenburg position. After this is done (a tenaculum or other instrument hold-

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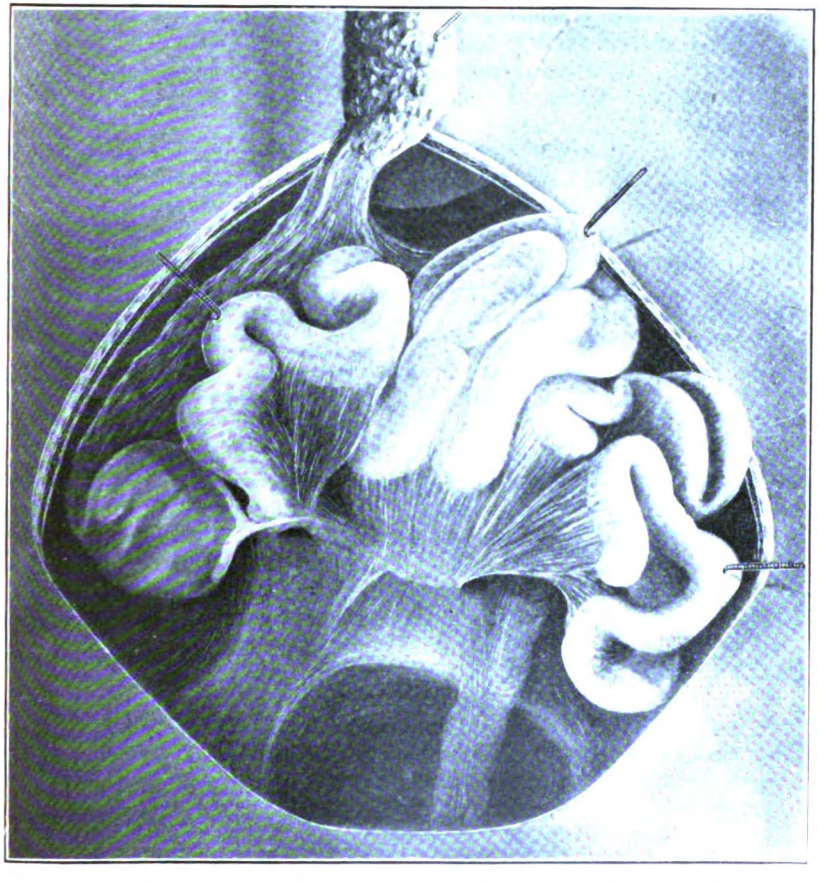
ing the uterus) a large gauze sponge wrung out of hot water may be introduced posterior to the uterus, thoroughly pushing the bowels upward and at the same time absorbing the remaining fluid blood. The table may then be tilted head downward to facilitate the necessary treatment of the tubal lesion. All clots should be removed with a small, damp sponge; avoid rubbing the peritoneum too extensively.



The question arises, Shall these cases be drained? I believe this can always be answered in the negative. Close the abdomen and place the patient in bed in a moderate Fowler position as soon as the pulse will allow. I have twice opened the culde-sac of Douglas through the vagina after several days to allow some remaining, unabsorbed blood to escape. In one case, but recently, I placed the patient in a Trendellenburg position before opening the abdomen to facilitate picking up the tube. The pelvis was cleared of clot and fluid blood, all peritoneal points about the broad ligament closed and the patient dropped to a horizontal position. While closing the peri-

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toneum, I was flooded with blood, and fearing this came from a fresh venous bleeding, I immediately made search for the point of hemorrhage. It was soon apparent that the blood was some which had gravitated to the diaphragm while the patient was in the Trendellenburg position and returned toward the pelvis on raising the table. In my experience I have not seen a case of tubal pregnancy where it was best to have drained the peritoneum because of the presence of blood.

Hemorrhage from an injury to the liver, mesentery or any abdominal organ, unassociated with infection from the bowel mucosa or urinary tract, should be treated in the same manner. The peritoneum will take care of a large amount of blood if uninfected. On the other hand, one of the most distressingly septic conditions may result from introducing a drain into the cavity containing unremoved blood clots. When the bowel is wounded there is no way short of a thorough removal of every vestige of blood, and draining when it would seem necessary because of a soiled peritoneum.

But a relatively few years ago, general suppurative peritonitis was considered an almost certainly fatal disease. It is only within the last five years that the mortality per cent has been reduced so wonderfully that Murphy is led to write that the results in the future "can and must be uniformly good." Where it was once considered too late to hope for recovery, it is now prognosed as reasonably good. I have had in the last 15 months fifteen cases of general suppurative peritonitis from a gangrenous or perforated appendix, recover, no death resulting. These cases were all treated by rapidly removing the appendix (no effort being made, in most of them, to invaginate the ligated stumps), and by instituting pelvic drain through a suprapubic puncture. The error, I believe, is often made of crushing the base of the appendix before ligating. When it is apparent that it is unwise to turn in the stump either because of a thickened diseased caecum, the position of the base of the appendix or the necessity of shortening the operation as much as possible in point of time, I have simply placed a linen ligature about the base of the appendix, cut it off and cauterized the exposed mucosa with carbolic acid. A rubber tube is then sewed to the appendix stump by means of the linen thread used in ligating the stump and a small cigarette drain introduced by the side of the tube. No effort is made to remove the pus as it comes into the wound. For the suprapubic drain, I always use a straight glass tube perforated with fine round openings. In spite of the few who write of the disadvantages of glass, it has been the most harmless and practical form of drain in my hand. The puncture made for the drainage tube should be just large enough to allow it to pass. No stitches are necessary to close the wound about the tube. The puncture is easily made upon the index finger passed through the appendix incision to the lower abdominal wall. No attempt is made to remove the pus during the operation. It flows continuously from the tube into a large free dressing after the patient is put to bed in Fowler's position. I have had two cases of obstruction occurring after operation for gangrenous appendicitis and general peritonitis, during the

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last fifteen months. They were both treated by the principles just stated; minimum handling, suprapubic drain and Fowler's position. Through them my attention was brought to an error in the application of drainage which is worthy of notice. After the appendix had been removed and the rubber tube attached to the stump, a tube and gauze drain was carried over the brim of the pelvis into the bottom of the cavity. By means of this I hoped to doubly drain the pelvis and at the same time to drain the area out of which the appendix had been taken. Both cases did well for a time, the temperature and pulse dropping to normal and remaining there for over a week. Then they developed symptoms of obstruction, which became more and more marked, necessitating a second operation. I found in each a clear peritoneum, except at the points of drain. The ileum was tightly bound to the lateral pelvic wall in the route of the tube, which passed out of the cavity through the appendix wound. Fortunately, this adherent loop is usually near the distal end of the ileum. In both cases an ileo-colostomy between a proximal portion of ileum and the transverse colon gave relief. The interesting feature of both cases was the uninvolved, healthy peritoneum which was found so shortly after a well developed pus-forming peritonitis. The ileum was bound fixedly to the lateral pelvic wall, causing a sharp kink in the bowel in the area of plastic inflammation and indicated clearly the error of attempting to drain the pelvis out of the usual lateral appendiceal wound. Undoubtedly, the obstruction arose in both cases from the fixing of a bowel loop to the immovable pelvic fascia. The appendiceal wounds were likewise associated with the more prolonged and offensive discharge. The discharge from the suprapubic wounds was short-lived. The route of suprapubic drain was surrounded by adhesions, but the mass was movable and caused no evident obstruction. The portion of ileum distal to the obstruction was flat and contracted, that proximal was distended. By this observation the obstructed point was easily located. I believe it is always best to avoid the lateral drain over the pelvic brim into the pelvic basin. The lateral drain should only take care of the appendix stump and guide a faecal fistula should it occur. The suprapubic drain, supplemented by a 25 to 30 degree Fowler position, will care for the general cavity.

It sometimes becomes a question as to where the inflammation took its start. A fatal error is made in looking for this focus of infection through an incision sufficiently large. I recall one case where a colon bacillus infection existed in a young adult male. A criss-cross incision revealed the fact that an appendicitis had not started the trouble. No further effort was made to examine the bowels. A suprapubic glass tube drain was inserted and a Fowler position given the patient in bed. He made an uneventful recovery, and to this time I do not know the source of the general peritonitis. Of course, when the location of stomach biliary or intestinal lesion is definitely known or strongly suspected, it is wise to remedy the local condition as well as to institute proper drain.

Occasionally one meets with a rather virulent type of streptococcal

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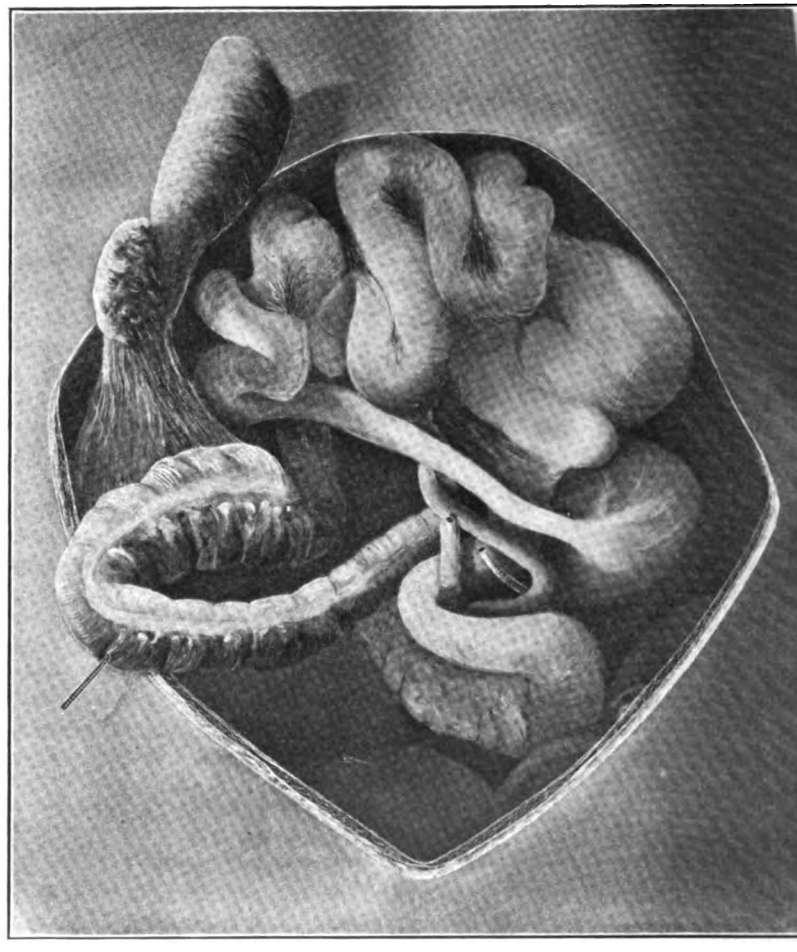
peritonitis which invades the peritoneum from some unknown source. I have had two such cases in the last year, which I treated in the same manner as those above. Both died within several days. It would seem that the streptococcal invasion of the peritoneum is as yet the most difficult to treat. In these cases the individual susceptibility counts most; the virulence of the organism playing at least a part.



These cases develop a streptococcaemia very rapidly and shortly die. The drain alone seems insufficient. Perhaps streptococcic vaccination will play an important role in the treatment in the near future.

Twice I have had general peritonitis follow uterine infection in which a diplococcus played the apparently leading role. Both gave very exaggerated symptoms, which subsided upon instituting drain.

The gonococcic pelvic peritonitis is most amendable to treatment,

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nd after removal of the focus of trouble and a small drain, or at mes none, suffices. Time will scarcely admit of a discussion of the arious types of general peritonitis, but suffice it to say that a supra-ubic puncture with eucaine anaesthesia and a culdesac drain by means f a large tube will often save an apparently hopeless case. No effort hould be made to do anything but drain. I have succeeded in reliev-ng a patient by means of a local anaesthetic, puncture of the culdesac f Douglas when it seemed impossible to bring relief.

In this connection let me speak of the function of omentum in its elation to general peritonitis. Two of my cases of general peritonitis ad apparently only rudimentary omentums. I could notice no dif-erence between the progress of these cases and those in whom the mentum was well developed. In the two cases of post-operative ob-truction the omentum was free and gave no evidence of having en-apsulated and destroyed pus. In neither case was it adherent to he route of drain.

An interesting question in the use of local anaesthetics is the one f sensibility of the peritoneum. I have written not a little on this ubject in times past, and this paper will not admit of any addition o this. Practically, it may be stated that the nerves of pain are very vident in the parietal peritoneum and the base of the mesentery. Viscera (whether peritoneal covered or located elsewhere, such as he lungs, heart, brain, kidneys, as well as liver, stomach, bowels, and uterus), are all rather insensitive. In operating upon the abdominal iscera, the peritoneum covering them is very tolerant of handling nassociated with pulling, and local anaesthetic operations are very ractical in exploration of or for draining the peritoneum. Inflam-nation renders the peritoneum less tolerant to manipulation.

I have purposely left out of consideration the discussion of peri-oneal symptoms of disease, post-operative peritoneal symptoms, tuber-ular peritonitis, tumors, etc., as my experience is about such as that niversally recorded in text books and monographs.

I will, however, lastly call attention to one condition arising out f the peritoneal function which often is misleading, and which in a legree contradicts the conception of diaphragmward currents. The vary is at times involved in a tumor formation which is much like a ibroid in consistence and general appearance. A microscopic section vill disclose a scattered number of goblet-shaped cells or seal-ring ells surrounded by a dense proliferating connective tissue. The growth is recognized by the seal-ring cells as epithelimatous and as aking its origin from the intestinal tract. In one of my patients the primary growth started near the pylorus. The course of the epith-lial cells was evidently through the peritoneal cavity to the pelvis. The primary growth was overlooked until the microscopic findings alled attention to the necessary presence of an alimentary lesion. This, I am told by Dr. L. Pick, of Berlin, is not an uncommon finding. It would strongly suggest that the currents of peritoneal fluid are downward into the pelvis, directed there by gravity.

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THE LOCAL MEDICAL SOCIETY. PRESIDENT'S ADDRESS

By W. T. PHY, M. D.
Medical Lake, Wash.

Read before the Eastern Oregon Medical Society, July 23, 1908

Read before the Eastern Oregon Medical Society, July 23, 1908.

I believe that no one appreciates more than I the privilege of participating in the meetings of the Eastern Oregon District Medical Society. It is true that we enjoy the excellent work done by our State Association, and other large societies, but, to we people who live within its borders, the Eastern Oregon District Medical Society seems peculiarly our own. Each year the gatherings have grown in interest and importance, until today it is one of the substantial and well attended medical associations of the Northwest. Shall we be satisfied to have it one of the best, or shall we make it the very best? The territory is large, embracing Wasco, Sherman, Wheeler, Crook, Grant, Harney, Gilliam, Malheur, Baker, Umatilla, Union, Morrow, and Wallowa counties. We have many strong men, and many more are coming.

Apparently, harmony exists throughout. I believe that the particular reason I am so fond of our society, is the fact that there seems less of personal strife and small politics in it than is usual in like organizations. It was a privilege indeed to listen, as we did at the State Society, to such men as Prof. Crile, of Cleveland, Ohio, and his contributions alone were well worth the sacrifice that anyone may have made to hear him, not to mention the many other excellent papers.

In conducting our Society, then, let us profit by the experience of other organizations. Let us bury our personal and professional hatchets, and meet on a common ground, for a common purpose. Let us attempt to raise, in every legitimate manner, the standard of medical education. Let us band ourselves together for better laws and, more important, their enforcement. Let us work individually and collectively for the suppression of quacks and quackery, and let us eliminate all semblance of fakery and charlatanism from our own work.

I should suggest the establishment of an Information Bureau in connection with our Society, conducted by the Secretary, and with a sufficient salary attached thereto to, at least, defray the expense of a stenographer. From this source, members of the association could be kept in touch with the legislation and proceedings of other organ-

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izations, that directly or indirectly affect our Society or profession.

For example, I know of no class of men who should be more interested in the good roads movement than physicians, and I believe that at every Good Roads Convention in this state the Eastern Oregon District Medical Society should be represented. Members could be kept informed concerning these things, and how best, by united effort, to accomplish an end.

Or, again, I believe that the great value of Flexner's Serum, in the treatment of meningitis, has been sufficiently proven. If so, it should be within the reach of every physician. A paid Secretary could accomplish this.

Articles of great public interest would gladly be contributed by members of the Society, for publication in our newspapers, if there were some one whose business it was to keep after them until such contributions were made. Through him these matters could be acted upon by the Board of Censors, and published, to the great good of every community.

These are only instances of what could be accomplished by such an arrangement, and the individual and general benefit derived therefrom would far out-weigh the small necessary expense.

I would strongly suggest that physicians in each county take up the matter of the organization of local societies. Each county has sufficient men to form a good working society, and membership in such local organization would prove the stepping stone for many physicians to become useful and enthusiastic members of the Eastern Oregon District Medical Society. There are excellent men throughout the country, of whose association we might well be proud, if we were better acquainted, and many who never attend the meetings of our District Society would be anxious to do so if their interest was aroused by membership in local organizations.

Advanced methods of diagnosis and treatment would be brought to the notice of all, and methods of their application discussed. Many of us do not have an opportunity of constant association with the masters of our profession, nor a chance to attend the great clinics of the country. Then, we should do the next best thing, and organize local societies for our mutual benefit.

Many physicians carry on their work month after month, without the aid of a microscope, and comparatively few make use of those excellent instruments, the sphymograph, and the sphygmomanometer, and fewer still apply scientifically those excellent methods of treatment taught by Bier.

These are only a few hints of the many valuable methods in the practice of medicine that should be more freely and universally adopted.

I regard the promiscuous use of our ordinary anaesthetics, by unskilled anaesthetists, as a menace to public safety of no small moment, and I believe that no physician should administer an anaesthetic, except in cases of great emergency, unless he is especially skilled, and only then after a thorough investigation and application of the proper

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anaesthetic, or combination of anaesthetics, for each individual case I am sure that many deaths occur, with the anaesthetic as the immediate or remote cause, which are not reported as such. So important is this, I believe, that some definite action should be taken by the physicians of this state to prohibit the promiscuous use, especially of chloroform.

I believe that the experience of every physician is valuable, not only to himself, but to others, if properly recorded, and I would urge that accurate and elaborate records be kept of each and every case however trivial.

I predict that the time is not far distant when it will be a requirement as rigidly insisted upon as the report of contagious diseases today, that every disease or accident, of whatsoever character, including treatment and results, shall be reported to some central organization or commission for inspection and collaboration; these records at all times being accessible to members of the profession.

In conclusion, may I say to each physician, care well for your own health. Equip yourselves to practice medicine scientifically. Help to organize and take an interest in associations of medical men, and your life will not be days of drudgery, but each hour will be hallowed by the knowledge of the work of a faithful servant well done.

Strictly Germ Proof.

The Antiseptic Baby and the Prophylactic Pup
Were playing in the garden when the Bunny gamboled up;
They looked upon the Creature with a loathing undisguised—
It wasn't Disinfected and it wasn't Sterilized.

They said it was a Microbe and a Hotbed of Disease,
They steamed it in a vapor of a thousand odd degrees;
They froze it in a freezer that was cold as Banished Hope,
And washed it in permanganate with carbolated soap.

In sulphuretted hydrogen they steep its wiggly ears;
They trimmed its frisky whiskers wi a pair of hard-boiled shears;
They donned their rubber mittens a they took it by the hand
And 'lected it a member of the Fur gated Band.

There's not a Micrococcus in the g den where they play;
They swim in pure Iodoform a do times a day;
And each imbibes his rations from Hygienic Cup—
The Bunny and the Baby and t Prophylactic Pup.

—Arthus Guiterman, in Stuffed Clu
Denver, Colo.

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Medical Societies

American Proctologic Society.

Tenth annual meeting, held at Chicago, Ill., June 1 and 2, 1908, the President, Dr. A. Bennett Cooke, in the chair.

Officers were elected as follows: President, Geo. B. Evans, M. D., Dayton, Ohio; Vice-President, John L. Jelks, M. D., Memphis, Tenn.; Secretary-Treasurer, Lewis H. Adler, Jr., M. D., Philadelphia, Pa.

Executive Council—A. B. Cooke, M. D., chairman, Nashville, Tenn.; Geo. B. Evans, M. D., Dayton, Ohio.; Samuel T. Earle, Jr., M. D., Baltimore, Md.; Lewis H. Adler, Jr., M. D., Philadelphia, Pa.

The place of meeting for 1909 is Atlantic City, N. J., May 31st and June 1, 1909.

The following were elected members of the Society: Dr. Geo. W. Combs, 235 N. Penn street, Indianapolis ,Ind.; Dr. Alois B. Graham, 224 N. Meridian St., Indianapolis, Ind.; Dr. Arthur Hebb, Professional Building, Baltimore, Md.; Dr. Alfred J. Zobel, 352 Lake street, San Francisco, Cal.

The following is an abstract of the principal papers read:

President's Address.

The President, Dr. A. Bennett Cooke, of Nashville, Tenn., after briefly reviewing the organization and early history of the Society, stated that there has probably never been a medical organization composed of a membership drawn from such widely separated localities and so restricted as to number, which can show a similar steady and unbroken record of growth, enthusiasm, and interest, increasing with each succeeding meeting. The fidelity and devotion of the individual members was in the beginning and has remained the Society's distinctive characteristic.

He then proceeded to trace some of the results which had been accomplished in the ten years of the Society's existence, chief among which was emphasized the assured position as a legitimate, dignified and important specialty which is now universally accorded to proctology. "Ten years ago special instruction in this branch, with a few exceptions, was only to be had in the post-graduate institutions of the larger centers. Today the curriculum of any medical college which does not include a course on proctology is rightly considered to that extent defective and behind the times. The benefit of this new order of things to the public cannot be estimated. At the present time the average patient requires something more of the man who is to be entrusted with his case than the title of "M. D.", and as a direct consequence instances of incorrect diagnosis and misdirected treatment have become notably fewer."

The objects of the Society as defined in its constitution are the acquiring and dissemination of knowledge relating to this special field. The speaker inquired if the Society was living up to the full measure of its possibilities in regard to the second object, i. e., the dissemination of knowledge, arguing that such was not the case. As the means of correcting this defect, he suggested:

1st. That an official organ be adopted or established and a full report of the scientific proceedings of each meeting published.

2nd. That the possibility and advisability of becoming a section of the A. M. A. be seriously considered. The advantages and disadvantages of

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the latter suggestion were fully discussed, the opinion being expressed that what the Soicety would lose in independence and individuality would be more than gained in the wider sphere of influence and usefulness opened up by this more liberal policy.

The real question is not what we as individuals prefer, but what course would most certainly conduce to the advancement of the highest purposes of our organization? For, after all, we must remember that we are physicians before we are specialists, and that our most imperative duty has reference to the interests of our profession as a whole and to the welfare of humanity for which it alone exists.

"The Treatment of Choice of Stricture of the Rectum."

Was the title of a paper by Wm. M. Beach, A. M., M. D., of Pittsburg, Pa., who stated that in his early Proctologic experience he became an enthusiast on this or that method of treatment only to be disappointed by a recurrence of the ailment. All the classical recommendations were tried, namely gradual dilatation, proctotomy internal and external excision and a few other schemes, ideal but not practical. Each promised favorable results for a time, but experience taught him that instead of cure the condition uniformly became worse.

In order to answer the query, what is the choice of treatment, it is important to consider first the history of syphilitic stricture, and, second, the location and form of stricture to determine the degree of obstipation; third, the effect of a rectal stricture is to reduce obstipation and extreme dilatation of the colon. Moreover, immediately above the various constrictions are found the active ulcerations, the source of profuse discharges of pus, blood and mucous. Among other symptoms may be found colicky pains in the abdomen—distension of abdomen, backache, aching down the legs, loss of flesh, and withal a general anxiety and neurasthenia.

Regarding the treatment, it is apparent that if the disease was seen early much could be done to avoid disastrous consequences, but the disease is so insidious in onset and development by virtue of the fact that the trouble is usually located in painless area, and that nothing short of obstipation drives the patient to seek advice, it is obvious that palliative treatment only increases the irritation and produces a greater degree of stricture. For this reason the injections of fluids is needed only for cleansing purposes, and such procedures as gradual dilatation by the passage of bougies, forcible divulsion, proctotomy, and even excision are only temporary.

For these reasons the author concludes that a permanent colostomy is the preferable plan, as this procedure admits of direct irrigation of the rectal cavity. The administration of Strontium iodide in ascending doses for interrupted periods the writer believes is of extreme value, but he states that he has never been able to destroy the syphiloma with its use.

Irrigation should be used daily for the first month and less frequently thereafter. For this purpose normal solutions should be used of salines alternating with solutions of one to one thousand permanganate of potash, or nitrate of silver twenty grains to the quart, or of ichthyol a drachm to the quart. Boracic acid solutions are often beneficial.

Defecation through a properly constructed inguinal anus is complete, painless and under reasonable control. The patient soon becomes rec-

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onciliated to his condition and rapidly improves in health.

The author, from his experience, concludes his paper with the following remarks:

1. Syphilitic stricture of the rectum is believed to be the result of badly treated cases of syphilis in the early stages.

2. It is more frequently found in the female, for the reason that the primary lesions are more apt to be overlooked.

3. Direct surgical attack of rectal syphiloma does not insure permanent relief, but rather aggravates the condition.

4. Specific constitutional treatment should be instituted, with the hope of making a favorable impression upon the diseased tissue.

5. Permanent colostomy is the treatment of choice for the purpose of irrigation and restoration of bowel functions.

"Amebiasis, Its Symptomatology, Sequelae and the Use of Formalin and Copper Phenol Sulphate in the Treatment," by Dr. John L. Jelks, Memphis, Tenn., who called attention to the great prevalence of this disease in the South. Marked differences have been ascribed to the ameba as to its character and actions in different cases, especially with reference to their phagositic properties and their motility. The author referred to associated infection as playing an important role in many cases, and attributes this to mixed infection, the difference in character of ulceration in the higher parts of the colon, and that in the rectum.

Cases of amebiasis are referred to as occurring in nests, in the low marshy districts, in the sparsely settled alluvial sections and in the suburban mill districts of the city. None of the cases in the city were residents of the highland portion, and all of them partook of fresh vegetables which were grown in the bottoms and washed with water from shallow wells.

The author viewed with suspicion all cases of violent acute dysentery or chronic diarrhea with mucus discharge. The author stated with emphasis that he has not found the symptoms of dysentery and diarrhea essentials to the existence of amebiasis; on the other hand, he has encountered cases in which constipation or obstipation was complained of, and called special attention to this statement as being contrary to the generally accepted theory.

In the majority of cases, however, he stated the patient complains of and the predominant symptom in chronic cases is, that of recurring diarrhea, which has existed for several months or years, associated with a quantity of mucus and occasionally blood-stained.

The symptoms in malignant acute cases, the author recited, are quite severe from the onset, the patient suffering great exhaustion from numerous movements and the septic condition which soon ensues. Sometimes large casts of mucosa are expelled, as also the acute symptoms, very often lapse into a sub-acute or chronic condition which may last for years with periods of abatement and exacerbation of symptoms.

The author reviewed the symptomatology and then stated that a diagnosis might be overlooked without the aid of the microscope, which if put into more general use by clinicians in the South, especially, would reveal many heretofore unsuspected cases as of this origin.

In reciting the sequelae and gross intestinal pathology in a series of 25 cases, the author referred to many

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features, and stated that in two recently treated cases, small openings or ulcers extended into extensive submucus abscesses.

Often the intestinal mucosa presents only slight ulceration, or a general red granular appearance, or perhaps oedematous, and though these are amebic, a mixed infection is thought accountable for certain phases of this process, for, as the author explained, the amebae prefer the juicy sub-epithelial structures, and the pathology is chiefly sub-epithelial. The colon bacilli and streptococci are accorded importance in part of the inflammatory process, especially in the rectum. Thus is explained the great difference in the character of the ulcers found there and those seen in the higher portions of the colon.

Autopsy in one case showed marked strictures and thickening of rectal wall, while in the splenic flexure, which was the seat of fatal perforative ulceration, the ulcers were sharp cut, round and oval seen through a thin gut with only lightly adherent omentum covering the perforated gut.

Periods of exacerbation and abatement of the symptoms in these chronic cases are thought due to several causes, chiefly the difference in activity and virulence of different generations of this protozoa. Certain differences exist also in activity in sporulation and in the process of incistation.

In the twenty-five cases cited by the author he noted four cases in which infection in the liver was diagnosed, two of which were verified by operation; five cases of stenosis, more or less marked; two cases of valvular stenosis; two perforations, one of which was verified by autopsy; one case in which casts of mucosa was expelled; one case from which seven adenomata were removed from the upper rectum; in three cases jaundice was marked; three cases had hemorrhoids and one case had rectal abscess and fistula; one case suffered an impaction in the sigmoid, the size of a fetal head, the result of stenosis below and thinning of the musculosa above; one case had infected gall bladder, which required drainage; in four cases, appendiceal involvement was diagnosed; in one case, in which appendicostomy was performed, adhesions were found, the result of an attack since the dysentery was established, and in this case great thickening of the peritoneum and a tubercular family history afforded reason for suspecting in this case a tubercular complication. However, Lewis' law could not be verified.

In the treatment, the author first referred to the use of formalin and boracic acid solution, and formalin and copper phenol-sulphonate solution in high irrigations through a recurrent tube which he has devised specially for that purpose. He also referred to treatments through the sigmoidoscope with silver nitrate followed by the installation of boracic acid and aristol or iodoform and bismuth sub-nitrate and olive oil.

The author concluded that the washing away of necrotic material and debris, as also the infecting agents is an important matter in the treatment of these cases and stated that these stimulate the vaso-motor supply, relieve passive congestion and stasis, increase the amount of flesh blood to the inflamed structures, and perhaps aid in the development of antitoxic bodies.

"Some Recent Contributions to the Physiology of the Rectum," by Dr. Samuel T. Earle, Jr., of Baltimore, Md., who stated that the properties of the external sphincter resemble those

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of plain muscle; that the anus closes by permanent tonus of the two sphincters independent of the will, but is supplemented by it for voluntary control, that the tonus practically disappears after section of the nervi erigentes, proving thereby that the closure depends upon the constant expenditure of nervous energy, and not upon the elasticity of the muscle and the arrangement of its fibres.

That there are constrictor and dilator fibres to the internal sphincter which can be stimulated reflexly through the spinal cord, proving a reflex center in the lower portion of the cord; that through this centre, either reflexly or voluntarily, the internal sphincter can be dilated or contricted and the external sphincter can be inhibited.

Report of a case: "Plate with False Teeth in Sigmoid," by Dr. Samuel T. Earle, Jr., of Baltimore, Md. Mrs. F. H. D., the latter part of August, 1907, while eating ham, swallowed a plate with two false teeth. Ten days later she had a violent attack of pain in the abdomen, followed by a chill and fever; there was no recurrence of this for one and a half months. Since then they have recurred from time to time, but not as severe, nor have they been attended with chill and fever. A skiagraph taken of the lower abdominal and pelvic regions showed the plate in the sigmoid flexure of the colon, on a level with the promontory of the sacrum. Examination through the sigmoidoscope brought them into view at the point shown by the X-ray. There was considerable tenesmus, and the passage of a good deal of mucous, also a tendency to constipation. Under the influence of two hypodermics of morphine, gr. ¼, Hyoscin Hydrobromate gr. 1-100, and Cactina, which produced satisfactory anaesthesia, Dr. Earle was able to grasp the plate, through the sigmoidoscope, with a pair of long alligator forceps, and withdrew it immediately behind the sigmoidoscope.

"Galvanic Electricity in the Treatment of Hemorrhoids, Fissure, Prolapse, Ulceration and Non-Malignant Stricture of the Rectum," by Dr. Wm. L. Dickinson, Saginaw, Mich., who stated that he did not claim that this is par excellence the treatment for each and every case of hemorrhoids, fissure, prolapse, ulceration and non-malignant stricture of the rectum, but that in suitable cases, and also where from fear, physical conditions, or other reasons, the patient refuses to submit to surgical measures, the method had proven its utility.

In the use of galvanism, sight should not be lost of the different properties of the two poles, remembering that we always have physical and therapeutical properties peculiar to each pole, and exactly opposite in effect. The positive pole produces oxygen, is acid, hemostatic, sedative, contracts and hardens tissue, is an acid caustic, and produces hard, firm cicatrices, is also a vaso-constrictor. While the negative pole produces hydrogen, is alkaline, dilates blood vessels, thus increases bleeding, causes hypersensitiveness, liquifies and disintegrates tissues; being an alkaline caustic, the resulting cicatrices are soft and yielding; it is also a vaso-dilator.

Internal hemorrhoids are successfully treated with the electric needle, as follows: Cocanize the hemorrhoid, then introduce a platinum or common cambric needle into it, attached to the positive pole, while the negative pole is connected with a large abdominal pad. Use a current strength of fifteen mille-amperes for fifteen or twenty

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minutes, or until the hemorrhoid is rendered hard and unyielding. Best to treat one hemorrhoid at a time.

Anal fissure should be cocanized, then a copper probe attached to the positive pole should be applied until a pronounced deposit of the oxychloride of copper salt is obtained. There will be considerable soreness for a few days, but the patient is always greatly benefited by the first treatment, if not cured by it, and is always cured by five or six treatments.

Where the edges of a fissure are greatly hypertrophied the negative pole should be applied to cause liquifaction of the dense tissues.

In cases of prolapse, where the redundancy of the rectal wall is of moderate degree, galvanism is of marked benefit, an electrode attached to the positive pole should be introduced into the rectum and a current of fifteen to twenty-five mille-amperes used daily for ten or fifteen minutes. Stricture of the rectum is successfully treated by the same method as urethral strictures, viz: pass an olive-pointed electrode, one or two sizes larger than the caliber of the stricture down to and gently pressing against the stricture, this electrode should be connected with the negative pole, and a current of ten to twenty mille-ampheres used, until the tissue is softened and relaxes, allowing the instrument to pass. Treatments should be given every five or six days, using a larger bougie each time.

When there are several small ulcers in the rectum, the rectal pouch should be filled with normal saline solution, then introduce a long copper electrode, attached to the positive pole, using a current of twenty-five or thirty mille-amperes, continuing the treatment until the effect of the oxychloride of copper is obtained.

Where the ulcers are large a deep, the better method is to tre each one individually with the zi mercuric cataphoresis, using oliv pointed electrodes, and a current twenty to thirty mille-amperes.

"Dysentery,"

By Dr. J. M. Mathews, Kentuck who reported a case of amoeb dysentery in a man, 45 yea of age, who had never been farth south than Louisville, Ky. He h been treated for ten years for a dis rhea which entirely disappeared times, but in the course of a fe months it would reappear. A proct scopic examination was made and a ulcerated condition of the entire re tum and lower half of sigmoid wa observed. A number of the ulce were curetted and a microscopic e amination made. No amoeba we present. Ulcers were all healed an patient well in three and a ha months. In about ten months patie returned to the office and was foun to be in about the same condition a before. Another scraping was don and a microscopic examination mad Numerous amoeba were present.

Patient being a wholesale fru dealer, had handled and eaten ra tropical fruits for more than twen years. There is no doubt about h infection occurring in this way.

Report of second case: A boy, 1 years of age, with a good family hi tory. He had so-called dysentery fo two years. Had, of course, bee treated for the same during this tim He was thin and anemic, had tempe ature every afternoon from 99 to 10 Pulse rate correspondingly increase Had from five to fifteen actions ever day. He was placed in the Hane (inverted position), and examine with the sigmoidscope. There seeme to be an abrasion of the superficia epithelial cells along the lower e

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nity of the sigmoid and rectum. en a pledget of cotton was rubbed the mucous surface it would be slightly stained with blood. No r pathology could be made out.

atient was put in bed and was not wed to get up except on the com- e. He was given concentrated d and semi-solid food. The bowel ated every morning with normal ne solution and in the afternoon cal application of argyrol or ich- l was made.

e remained in the infirmary four ks, at the expiration of which time was entirely free from diarrhea, an increase in weight of twelve nds. One month later he had ed eight pounds.

hile such as these are referred to ases of dysentery, they are types iarrhea due to more or less fer- tation in the upper bowel, and , the sensitive condition of the ous membrane, above referred to, he lower bowel.

eport of third case: A man, 42 s of age, had an intense diarrhea three years. It came on in the th of July, after a day of hard ual labor. Weather was very m and he had eaten quite freely resh vegetables. Attack was sud- and the diarrhea was preceded accompanied by much abdominal . Actions from ten to fifteen n day. During his two years' ill- s he would improve under the in- nce of diet and rest, but did not at all well at any time.

When he first came to the office he wed every external evidence of be- in the latter stages of malignant ase. We had him assume the in- ed posture and the examination once revealed a dozen or more ll ulcers along the upper rectum lower sigmoid.

He was put in bed and given rich concentrated food. Irrigations and local applications were made to the ulcers every day. He was sent home in five weeks and had gained fifteen pounds and was well.

In this case, as in the case previously reported, there was no specific cause that could be made out. The disease in both cases yielded easily to treatment. In the first case it was proven to be amoebic dysentery, in the second and third cases they were types of diarrhea, or, so-called dysentery of a non-specific origin, so far as we are now able to determine. I doubt not that in the future many of the more simple forms of intestinal disturbances will be proven to have their specific causes.

Position for Examination, Treatment, Etc.—About three years ago, Dr. Mathew's partner—Dr. G. S. Haines—in treating a difficult case, discovered a position that has been employed ever since, where the proctoscope is used. The patient is placed in an absolute inverted position, hanging over the edge of a table or chair on the thighs, with one shoulder supported on a chair of sufficient height. The opposite hand is supported upon the floor or two chairs can be used, one for each shoulder, the head passing down between them.

A special table for this position is in course of construction.

When the patient is in this position the entire weight of the abdominal viscera falls upon the diaphragm which pulls upon the sigmoid and rectum and brings them more nearly in the direction of a straight line. Atmospheric pressure completely distends the rectum and lower portion of sigmoid in most cases. A complete view of these parts can be had by the use of a reflected light. The discomfort to the patient of distending the bowel by forcing air into it is

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never necessary except in high examinations. The surgeon, is in a comfortable position, standing by the patient, and looking down into the bowel. An enema can be given easily in this position and you know the solution passes up into the sigmoid and colon. It affords many advantages over other positions.

"The Choice of an Anaesthetic in Rectal Surgery," by Dr. Jerome M. Lynch, of New York City, who stated that before the days of the specialist in anaesthesia, no matter how expert the surgeon, his success was more or less at the mercy of the recent college graduate—or undergraduate—who secured a hospital appointment and came into the operating room as the anaesthetist, without any preliminary study of the art and without any knowledge of the influence of the different anaesthetics upon the human system. Now the day of the specialist has come, and with it the trained anaesthetist, making incalculably happier the surgeon's task.

Nevertheless, the surgeon having studied his patient's system, and understanding his condition as the anaesthetist cannot, should use his own judgment in the choice of the anaesthetic to be given.

It is important that some method of shortening the anaesthesia be employed; that the intake of chloroform or ether be lessened by giving the patient some less objectional or less toxic drug, or by some preceding anaesthetic less hazardous.

Morphine and hyoscine, either as a substitute or preliminary to general anaesthesia, have been used successfully in some seventy-five cases. At the New York Polyclinic, St. Bartholomew's and in private practice, considerable experience has been had with ethyl chloride, and it has been used now in over six hundred cases, as a general anaesthesia for short operations and examinations, or as preliminary anaesthetic to chloroform or ether, without a single accident bad result.

The author was the first to advocate the drop method in the use ethyl chloride. He found that by th method the drug could be used mo intelligently and that much less the anaesthetic was required. Anoth advantage in this procedure is that does not crystallize all over the ma as it does in the spray method.

The author did not advocate th anaesthetic to the exclusion of eth or chloroform; but held that for e aminations, short operations, as a pr liminary to ether or chloroform, a as an adjuvant to hyoscine and mo phine, it is safer and more efficacio than any anaesthetic we use tods He was decidedly opposed to any for of closed inhaler. To the open metho must be attributed the good resul with ethyl chloride. He did not fi ethyl chloride, however, suitable f any anaesthesia which lasts over t minutes, as vomiting is apt to follo a prolonged use of this drug. It also contra-indicated in alcoholic children with adenoids, patients suffe ing from acutely inflamed condition of the throat, or advanced cardiac di ease. Spasm of the larynx has o curred in some 5 per cent of th cases; but this is at once relieved b withdrawing the anaesthetic, or b substituting a few drops of chloroform

Another anaesthetic that has bee overlooked, and one that is partic larly safe, is nitrous oxide, alone, with oxygen.

In the author's opinion, the surgeo would get better results, and the a aesthetist gain confidence, if the a aesthetic were not rushed in the b ginning. The anaesthetist should tak plenty of time; let the patient g used to the smell of the anaesthet and accommodate himself to his su

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ndings. The patient, then, is not htened, it takes less of the anaes- tic, and he comes out of it in bet- condition. Under no circum- nces should a patient be too forci- restrained in the early stages of esthesia.

n conclusion, the author stated be e of your anaesthetist. No man uld give an anaesthetic alone, till has been proven competent. bove all, an anaesthetist is re- red who is competent in an emer- cy. The man who knows what to when things go wrong, and does it, he man who is worth his fee. re is no time for cogitation when an's heart stops beating. But there nope for the patient and success the surgeon if the man behind the e is on to his job.

Surgery of Specific Diseases of the tum," by Dr. Geo. B. Bevans, Day- Ohio, who said that venereal dis- es of the rectum constitute mala- which have neither been mas- d by the syphilographer nor the tologist. The former is not fa- ar with the armamentarium for al exploration, and the latter is thoroughly familiar with venereal ases. The manifestations of syph- escape the former because they often removed from the field of on, while the attention of the lat- is called to the fact because pain ts in the rectum. In the first e, two propositions confront us: t, is this form of stricture of the um a local manifestation; that is, due to a primary sore? Second, the result of secondary or ter- y syphilis? According to an able hor, it is due to the rectum be- ing inoculated through the secre- s from the sores upon the vulva, giving rise to chancroidal ulcers, e ulcers becoming cicatrized and triction taking place. Again, the presence of chancroids at the orifice of the vagina or about the anus gives rise to an inflammation of the areolar tissue surrounding the lower portion of the gut, and by the effusion of inflammatory material at certain points, gives rise to constriction either in this way alone, or by directly producing inflammation and ulceration of the mucous coat of the bowel. Personally, the author had seen many cases of chancroid of the vulva of the worst kind—extending down and involving the anus; being filthy in the extreme, but stricture of the rectum did not exist. If chancroidal virus was carried into the rectum, we surely would find that nearly every prostitute would have a stricture of the rectum. Secondary induration of the rectum, following a chancroid of the anus, the author believed could occur; this induration being followed by chronic inflammation and ulceration, and finally, developing cicatricial tissue, forming an extensive stricture. Again, this stricture may be the result of true tertiary inflammation or ulceration, the rectal wall being infiltrated with a syphilitic neoplasm, or by becoming organized into contractile tissue, produce the stricture. The true explanation of the preponderance of stricture in women, whether specific or otherwise, is to be sought for rather in the anatomical relations of the rectum, than in any constitutional diathesis. The site of the stricture is generally at or about the attachment of the fibres of the levator ani muscles; this possibly plays an important causative factor indirectly, there being more or less constriction, consequently if there is any ulceration here the power of resistance in the patient is not sufficient to overcome the trauma. Here it is where the faeces meet their first resistance; here it is where these first strictures undergo contraction and

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chronic inflammation follows: If one believes that all strictures, not cancerous, are syphilitic, they may use antisyphilitic remedies, but they will generally find that they fail to produce the desired results.

Finally, the following conclusions were formulated: That rectal stricture may follow chancroidal infection by virtue of its pathology, which may be the result of absorption or lodgment of infectious matter on mucous membrane or in submucous or even perirectal tissue, and that rectal strictures may be but a latent manifestation of syphilitic infection. That this belief is in accord with the author's experience and is the reasonable deduction from the experience of other competent observers. Moreover, that while iodides are usually prescribed in these conditions, they are not of curative value, and that it is only by incision and internal mechanical dilatation that these strictures of specific nature can be made tolerable.

Secondary Anaemia.

"Six Cases of Profound Secondary Anaemia Due to Bleeding Internal Hemorrhoids; and One Case of Necrosis of the Rectum as a Result of Self-Treatment," were reported by Dr. Dwight H. Murray, of Syracuse, New York, who held that the profession was not entirely blameless for the serious results which occurred in this class of cases, because it is looked upon by the laity as a matter of no serious moment, and in many cases the physician does not insist upon a thorough examination and prompt treatment.

The first case reported was one of bleeding hemorrhoids, secondary anaemia, delirium, amnesic aphasia and other critical symptoms. A good recovery was the result of the operation.

The second case was one of hemorrhoids and a villous polypus resulting in profound anaemia, heart weakn and a general appearance resembl that of malignant disease. This c made a full recovery following op tion.

The third, fourth and fifth cases sulted in profound anaemia, weakn melancholia, and invalidism, all n ing a good recovery after an op tion.

The sixth case had been long n lected and died as a result of profound anaemia two days after was first seen by the author and fore the patient consented to an eration. The examination show Haemoglobin ten per cent and blood corpuscles 1,000,000.

The author held that in cases bleeding internal hemorrhoids tients may lose more in ten minu than can be recovered in as m days, and that surgeons were not tified in delaying an operation, that it would be far better for physician in charge to withdraw f the case, if such a patient refuses follow his advice, when he belie that an operation is necessary.

The author believed that the mary cause in many cases of sec ary anaemia can be found, if sou in the last three feet of the intest canal.

The cases of necrosis of the rec was caused by the injection of t thirds of a teaspoonful of headl oil, upon retiring every night, ov period of several weeks. The tr ment was recommended to him b fellow employee. The case mad good recovery and at this time, years after the operation, no stric of the rectum had resulted.

A New Speculum.

Exhibition of a New Exami Speculum, by Dr. Dwight H. Mur Syracuse, N. Y., who states that it been said "of the making of n

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oks there is no end" and so it seems be with instruments.

Among the good qualities of an exining speculum there should be—

First—It can be introduced with litdiscomfort to the patient.

Second—It must allow a good view the part to be examined.

Third—It can be withdrawn with added discomfort.

Fourth—It can be easily cleaned d sterilized.

He has found that this speculum sesses these qualities in a goodly gree, and he takes pleasure in preting it to the society, hoping that ne may find benefit in its use.

'Spontaneous Intestinal Anastomo-" by Dr. James P. Tuttle, New rk City, whose paper consisted in discussion of the means by which ure overcomes intestinal obstrucns through spontaneous anastomo-

Four cases were reported in ich the obstruction suddenly gave ay, and the patients lived for vari- periods, with more or less regular vements of the bowels. These vements were afterward shown in case by autopsy, and in two cases operative interference, to have en place by spontaneous lateral stomosis between different portions the bowel. The fourth case was er operated upon, but being at the nt of death, with great abdominal tention and inflammation, was re- ed by some sort of giving away the obstruction and eventually re- ered. This patient had suffered n colitis and fecal stasis high up a long time; since this experience, vever, these symptoms have disap- red and she has remained entirely l.

Mesosigmoidopexy, with Report of o cases," was the title of a paper Dr. Louis J. Hirschman, Detroit, h.

After defining the different forms of prolapse of the rectum, the author called attention to the unsatisfactory results so far attained in the various suspensión operations for prolapse of the third degree. He argued that as in operations on the retroverted uterus, the shortening of the natural supports of the womb has superseded the illogical attachment to the anterior abdominal wall. He hoped that the mesentery, the natural support of the bowel, will be used to replace the old fixation methods used heretofore.

He reported two cases suffering from prolapse of the rectum and sigmoid of the third degree, both of whom had had other operative measures performed without satisfactory results. These two cases were operated on with entire relief by the author's method of Mesosigmoidopexy—the technique of which is as follows:

Under hyoscine, and morphine anaesthesia, fortified with a small quantity of chloroform, the abdomen was opened a little to the left of the median line, the incision paralleling Poupart's ligament. Nearly one-half of the sigmoid flexure was found telescoped into the rectum, and the space formally occupied by the uterus filled with the rest of the prolapsed sigmoid. The stump of the right broad ligament was found firmly attached to the sigmoid, thus holding the lower part of it in the prolapsed condition. The mesentery of the sigmoid was very much elongated, allowing the bowel to remain in the lower pelvis. The adhesion to the stumps of the ligament was separated, and the stump of the broad ligament covered over the peritoneum, the prolapsed bowel lifted out of the pelvis, and the outer surfaces of the mesentery of the large loop of the sigmoid lightly scarified. Beginning toward its deep attachment

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(about six inches from bowel in this case) the two opposing surfaces of the meso-sigmoid were brought together by interrupted 20 day catgut sutures (No. 2). Three rows about an inch apart were placed in this manner, the upper row being three inches from the bowel. As the sutures were tied the sigmoid and the rectum were lifted from their prolapsed position.

For fear that the curve of the loop might be lessened and possible kinking take place (a rather remote possibility on account of the strength of the adhesions), the longitudinal muscular band of the sigmoid, together with an eighth of an inch of the serous and muscular coats of the bowel on either side of the band, was rolled in upon itself by transverse interrupted catgut sutures, placed three-quarter inches apart around the curve, and for two inches beyond at each side. This rolling in of the muscular band made a rib of firm muscular tissue which materially increased the size of the curve, and greatly strengthened it.

The scarification of the sutured surfaces of the meso-sigmoid assured us of an adhesive surface of over 18 square inches, and yet allowed perfect motility of the organ. The abdomen was closed, the rectocele reduced and repaired, and the prolapsed anal mucous membrane resected.

In the after-care of these cases the patient is kept confined in bed on a restricted assimilable fluid diet and the bowels not allowed to move for about ten days. At the end of that time the diet is gradually increased but the patient not allowed to get out of bed and walk until the end of the fourth week.

In the two cases reported by the author in his paper, reports from the patients six and eighteen months afterwards respectively, evidenced the fact that they were in perfect h and both having normal bowel n ments without assistance.

While these patients were wo the same condition occurs in men, the same technique is applicable them.

"Carcinoma of the Rectum; parative Results of Operative Pr ures," by Dr. J. R. Pennington, cago, Ill., who stated that the pur of this brief paper was not so m to call attention to any partic scientific manner of treating a of carcinoma of the rectum as it to report, compare and contrast result of two cases which, in the ginning, were very similar. One tient, however, followed the ad of a Christian Science Healer, and other that of her physician.

To epitomize: The first patient a male, 48 years of age, and appa ly healthy, robust and vigorous.

The second one was a female years of age, weak, emaciated, hardly able to withstand a sur operation.

The man dictated what should should not be done for his condi

The woman said, "Doctor, I a your hands and trust everythin you. Do the very best you can me and I will be satisfied."

He pinned his faith to Chri Science.

She pinned her's to her doctor

He spent the last year of his in a most miserable and wretched dition—a condition appalling and ful to behold.

She has suffered no inconvenie from the operation, and has spen past year of her life enjoying the best of health, happiness and p ure.

Sarcoma of Rectum and Anu

"Primary Melanotic Sarcoma o Rectum and Anus, with Repo

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wo cases." Louis J. Krouse read a aper on the above subject and stated hat very little space or none at all as been devoted to this subject in orks on general surgery. He quotes hat the various authors on diseases f the rectum say in reference to this lass of new formations. He has gathred together all the cases of this isease which has been reported in he literature up to date, and has comared the relative infrequency of this lass of neoplasm with other maligant growths located in the same reion. Of the 19 members of the merican Proctologic Association with hom he corresponded only four reorted six cases, which added to the wo of the author's cases make eight ases, showing the infrequency of this lass of new formation. Fifty-two ases were collected from the medal literature, making altogether sixty ases.

In forty-five cases, in which the age nd sex of the patients were specied, there were twenty-eight males nd only seventeen females. No deade was exempt except the first—the oungest, being a boy, aged 17; and, he oldest, a man aged 75. That it as more prevalent in the sixth deade, being a disease of the middle eriod of life and old age. The averge age being forty-nine and five nonths.

Of the fifty-one cases in which the ocation of the growth was noted, hirty-seven were situated in the anus, hirteen in the rectum and one in the igmoid. The anal representing 72.5 er cent, the rectal 25.5 per cent.

Concerning the etiology of these elanotic growths, some authors claim hat in the great majority of cases, ne can find a distinct positive cause. t is the opinion of these authorities hat the growths originate from birth harks of pigmented moles and warts. Vagner found it to be the case thirty-seven times in the one hundred and forty-five cases of Dieterich, or 26.2 per cent. In his own cases the percentage was higher, being found nine times in the nineteen cases or 47.3 per cent. Eve found it to occur twenty-six times in the thirty-three cases of melanotic sarcoma, or 78.8 per cent. As pigmented moles or warts are not likely to be found in the rectum, the author suggests that perhaps the papillae, which are situated at the border line where the skin and mucous membrane unite, may act as the starting point from which these growths originate.

From the author's compiled table he finds that thirty-one cases were operated upon and ten were not. Of the thirty-one cases only twenty-eight cases can be utilized. Of these eleven had no recurrence and seventeen had recurrences. Of these five lived beyond the three years limit without recurrences. Tuttle, Key and Drenkhohn each had one case, and Esmarck had two. Tuttle's died in three years and four months of metastasis; Key's died at the end of the third year of recurrence; Drenkhohn's died of ileus at the end of the third year. Only Esmarck's cases had no recurrences, one was alive at the end of the eleventh year, and the other at the end of the third year.

Attention is drawn to the rapid recurrence after operation. Three had recurrence as early as the fourteenth day. Two between the second and fifth months. Four between the fifth and twelfth months, and two between the first and third year.

The average length of time that the patient lived after an operation and dying from recurrence was nine months. The shortest was five weeks and the longest was three years.

The duration of the disease was noted in twenty-four cases from the time of the first appearance of the

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trouble to the day of operation. The longest was four years and the shortest two months, the average fourteen months and twenty-two days.

The length of time that the patient lived without operative interference can be arrived at from the report of four cases. One lived two years and eight days; another one year and five weeks; another one year, and the fourth lived five months; an average of about 13 months.

Cases operated upon and dying from recurrences, the length of time varied, one died in 16 days; four died in one to two months; four died in two to five months; three died in 1 to 2 years; three died in three to three and a half years.

The length of time from the first appearance of the trouble, till death, where no operation was performed, only three cases can be utilized: One lived one year and five weeks, one lived two years and eight days, and the third lived five months.

A microscopical examination of the tumors revealed that most of them were of the alveolar type.

He concludes his paper with the suggestion that as the course of the disease is so malignant, extirpation is the only rational thing to be done. Not only should the neoplasm be removed thoroughly, but a good deal of the healthy tissue should be sacrificed. Should the tumor be located at or near the anus, the sphincters as well as the inguinal gland should be extirpated.

"Some Colonic, Sigmoidal and Rectal Conditions," by Dr. Edwin A. Hamilton, Columbus, Ohio, who stated that the ascending and a portion of the transverse colon have to do with absorption of the fluids of the digestive tube. The descending colon and sigmoid are concerned with storing fecal debris. There are changes in the intestinal wall of the descending colon, sigmoid and rectum which are due the function of these parts. On count of the stagnation, fermentati and putrefaction in the contain mass, toxins and bacteria, under c ditions favorable to this process, p through the mucosa into the wall the bowel. The result of this perm tion of the wall of the intestine is irritation which brings on a rou cell infiltration of its layers. This filtration diminishes the elasticity the viscus and by its slow but ine table contraction diminishes its lum This same process of round cell filtration may attack the mesenter of these various divisions of the bo and cause thickening and contract of them. The main symptoms of t condition is prolonged and intracta constipation with all its morbid quellae.

After fibrosis has occurred the fected area may be palpated, if abdominal walls are relaxed. It needless to remark that all accessi viscera must be investigated and ev other cause of the constipated st must be eliminated. Treatment con under the hygienic, in which diet colonic lavage occupies a very pro nent position.

Surgery must be invoked in the vanced cases when the fibrosis marked. Any part or all of the co except the part concerned in the sorption of fluids may be remov Metchinkoff is a prominent advoc of the idea that the colon is the ritory from which most of the pois which destroy the body originate that if man possessed no storeho in which debris may stagnate and refy he would be a more physica perfect animal. So that we may hesitate to remove any portion of large bowel, no matter how extens that portion may be, when it has ready lost what little functional va it originally possessed.

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Rectal Diseases.

'Rectal Diseases," a Report of Three ses: "Condyloma, Lipoma, and For- n Body," was the title of a paper ıd by Dr. Lewis H. Adler, Jr., who ted in reference to Condyloma that o varieties were recognized—one be- of syphilitic origin, called Condy- na latum; and, the other Condyloma uminatum, due to irritating dis- arges of a non-specific source, such gonorrhoea, leuchorrhoea, and ancroid. The latter form was the riety concerned in the case report- the patient evidently acquiring e trouble in the practice of sodomy. The essential peculiarity of the case der consideration being that the nu- rous cauliflower growths encircling e anus (some being large and others all), was the fact that not only had e growths involved the cutaneous face, but also that they existed hin the bowel upon the mucous mbrane. The latter, it is true, were te minute and might have been erlooked by a superficial examina- n. All of the excrescences, even e smallest were pedunculated.

The treatment consisted in the re- val of the larger growths by scis- s and cauterizing their bases with paquelin cautery. The smaller wths were destroyed simply by the lication of the cautery point. To event pain due to the cauterization, e parts were sprinkled liberally with arbonate of soda—as recommended Dr. Jas. P. Tuttle.

The patient made an uneventful re- ery.

Case II.—The case of Lipoma was exceptional, except for the fact of occurrence in the ischio-rectal sa and that it could be pressed ckward and forward through a ring firm tissue, which ring could be dis- ctly felt surrounding the tumor and ough which it glided back and th very much as a hernia acts.

The growth was removed under ether anaesthesia and was found to extend well up in the ischio-rectal fossa on the right side. The redundant skin was excised and the wound brought together with silk-worm gut sutures.

The recovery was uneventful.

Case III.—A very remarkable instance of a foreign body in the rectum was that of a woman aged 42, who had consulted Dr. J. J. McLaughlin, of Philadelphia, and then, through the Doctor, the writer of the paper.

She had reason, about six years previous to seeing Dr. McLaughlin, to think she was pregnant, having most of the symptoms pertaining thereto—suppression of menses, enlarged abdomen, morning nausea, etc. For about six months she did not menstruate. At no time did she experience foetal movements. About six months from the cessation of menstruation, the flow returned and she again became regular in this respect. The physician she was then seeing informed her that he thought she had had a false conception. Two years later she went South and contracted a diarrhoea which kept her under the care of physicians almost constantly, but without experiencing any permanent relief. Six months prior to seeing the author of the paper she had experienced considerable tenesmus within the rectum—the pain being confined to no one point, but was experienced low down in the pelvis and about the rectum. Sometimes a dozen paroxysms would occur in a day. The diarrhoea still continued, many movements occurring in the twenty-four hours.

At no time was there any bleeding from the bowel, and she was not affected with any protrusion, such as piles, etc. About two months before she saw the author of the paper she passed from the rectum what she termed a "bunch of bones," and a month later a piece of skull.

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Upon consulting Dr. McLaughlin, the patient was carefully examined by him and a diagnosis made, which was subsequently confirmed by the author.

At the time of the examination the patient showed evidence of being poorly nourished, weighing but about 75 pounds, her usual weight prior to this trouble being over a hundred. Digital exploration of the rectum revealed a mass situated about four inches up the bowel anteriorly, which felt very much like the united halves of an open clam-shell, the pieces being sharp and exposed. Extreme care had to be used to avoid cutting or injury to the examining finger. The tissues in which the mass were embedded were greatly hypertrophied. A few small pieces of bone were removed at this time, but it was soon evident that the larger mass could not be extracted except under general anaesthesia.

The patient, therefore, was admitted into the Polyclinic hospital, and under ether, the sphincter was dilated and the mass of bones removed, which proved to be in large part frontal bones. It was only by the exercise of the utmost care and skillful manipulation of the fingers that some of the larger pieces were removed without injury to the patient or surgeon.

The after treatment consisted in cleaning the parts thoroughly, several times a day, with a two per cent creoline solution.

The patient made an uneventful recovery and in six months had gained about twenty-five pounds and since the operation has had no diarrhoea.

The cause of the condition was uncertain. Two causes naturally presented themselves—a dermoid cyst or the product of an extra-uterine foetation. As the essential symptoms of the dermoid cyst were not present, and, in view of the previous history, the opinion was expressed by writer that her condition was prob due to the latter cause.

Minutes of the Oregon State Me Association, 1908.

The thirty-fourth annual meetin the Oregon State Medical Associa convened in the chambers of the mercial Club, July 1st, 1908. The vention was called to order by president, Dr. R. C. Coffey, at 10 The first order of business wa address of welcome, given by mayor, Dr. Harry Lane, who wa troduced by Dr. Coffey as an president of the society.

Dr. Lane said he joined the so in 1877, and expressed his int in the development of medical s ties, and spoke of the work the is doing to promote the public he and expressed the hope that b many years cities would be gove by councils composed of repres tive men from each of the profess and industries, and no longer mayors.

The response to the Mayor made by Dr. W. F. Kuykendall, o gene, after which the scientific gram was taken up.

Dr. Ira B. Bartle, of North B who was to read the first paper, "S ical Interference in Some Obst Stomach Troubles," being absent, N. W. Jones, of Portland, read on "True Intestinal Dyspepsia," lowed by the paper on "Acute tation of the Stomach," by Dr. ence Smith, of Seattle.

Discussion was opened by Dr. bert C. Moffitt, of University of fornia, who expressed approval o Jones' methods of diagnosis and t

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ent, and that if patients could be rsuaded to adhere to the diet ad-sed by Dr. Jones, there would un-ubtedly be much benefit derived om its use. He reported three ses of acute dilatation of the stom-h occurring last year, of which one ed. All came after chloroform and eration. The treatment was Eserin, d relieving the distension by using e stomach tube. He believed the stension coming on in pneumonia, e fourth or fifth day, is more often ue to the disease, as a complication, an to any disease of the stomach self. The distension is due to dila-tion and the use of the tube is bet-r than using drugs.

The secretary read a telegram from r. Bartle, of North Bend, announ-ng his inability to be present at the nvention.

Dr. Howard said: The paper by Dr. nes is very important. Intoxication gastro-intestinal origin is of great equency; there has been a large nount of investigation of the condi-ons existing in dyspepsia, and vari-us methods of treatment, but the ork is not particularized and there much confusion which is discourag-g, and leads one to accept his own nclusions rather than those that are early classified. I have made ob-rvations on my own cases which ad me to believe that there is ulty gastric function followed by rors in eating. When one can suffi-iently impress the necessity of ad-ering to a regulated diet upon the atient, the treatment is greatly sim-lified, and the use of lavage, as rec-mmended by Dr. Jones, is also an nportant measure, and has proven so n my hands.

In one of my cases the source of he dilatation was of the nervous sys-em; it seemed a paresis of the sym-athetic nerve.

Dr. C. N. Suttner, of Walla Walla, spoke: The papers have been of great interest to me as I have had experience with obstinate cases coming under each subject of each paper. I have learned that acute dilatation of the stomach is likely to occur after operation in the most favorable cases. In one case in which I had operated for gall-stones, all went well until the fourth day, at ten o'clock in the morning, the patient became hilarious, and at 5 A. M. the next day was a corpse. The autopsy disclosed an acutely dilated stomach. In another fatal case the patient after operation drank ice-water, and in three hours was dead.

Dr. Jones closed the discussion, and agreed with Dr. Howard that one cause of dyspepsia is a true indigestion, whatever the universal cause may be.

The president introduced Dr. T. C. Witherspoon, of Butte, Mont., who read a paper on "Peritoneal Surgery."

Discussion was opened by Dr. Park Weed Willis, of Seattle. Dr. Willis said he was impressed with the mistakes made so often by patients, and related a so-called mistake of a man who, with an abdomen containing pus, went from Dr. Witherspoon, in Butte, to Seattle to Dr. Willis for operation. He considered Dr. Witherspoon's ideas regarding adhesions correct; adhesions should be let alone as much as possible, for they will re-form. He does not consider early catharsis of any benefit further than that it makes the patient more comfortable, and that far he believes in it. Does not wipe the peritoneum with sponges to remove blood, as the injury to the peritoneal cells is too great, and for removal of blood, he prefers saline irrigation. In removal of blood he does not use drainage, avoiding drainage whenever possible on all occasions; believes in the adage of "when in doubt, don't drain." He believed the Ochsner method of treating the

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peritoneum as one does a broken arm, by rest, is a fine treatment in many cases, as it gives the patient a good chance to get repair with the parts in good condition. Success in operating depends on quick work with little handling of the peritoneum.

There is a broad field for study of the vaccines in connection with the Ochsner treatment, lavage and no food. We have different forms of bacterial peritonitis, and the vaccines may prove good.

He is not a friend to local anaesthesia, believing the shock from fear to be greater than the pain without any anaesthesia.

He congratulated Dr. Witherspoon on the presentation of the many points now in question regarding the peritoneum, and considered the paper a good summary of the position as it now stands.

Dr. C. H. Thomas, of Spokane, was called for.

Dr. Thomas thought the subject had been presented with more than ordinary interest, and the best men are following the lines along which Dr. Witherspoon is working. Believed the writer had not mentioned the ice-bag, which he approved of and believed to be an important element in successful medical treatment. He makes use of the Fowler position, and uses drainage in some cases, being careful to extend it deeply down into the pelvis, because he thinks it is the deep parts of the pelvis that holds infection, and forms the focus from which it spreads. For many years he has emptied pus and blood by manipulation, and does not permit any rubbing with sponges against the peritoneum.

Dr. K. A. J. Mackenzie shared the interest of the others in the paper, which he enjoyed as being strictly surgical. He was interested in the subject of adhesions; prefers to leave them alone whenever he can. H has often looked into the abdomi cavity in second operations, and h been impressed with the conditio presenting, of post-operative hesions. He has followed t lumen of the intestine, a found that adhesions lead to an lation of the bowel. He makes a pr tice of looking into post-operati cases, in the endeavor to prevent d aster in those to come. The omentu he considers of great value in p venting adhesions; he covers all r surfaces with suture, omentum grafts. He does not agree with Witherspoon about irrigating. Wou not irrigate if too much time we being consumed, but if the irrigati can be done contemporaneously wi the work, as it can often be, then allows a saline irrigation to wash c the germs; it is a selective measu He believes the best drain is t wick, covered with guttapercha, or split perforated drain of rubber. looks for loculated pus, often findi it, and putting these drains into the places. This prevents peritonitis. advocates multiple incisions more ten than Witherspoon advises.

Much traumatism is done by t gauze packing that is put into t abdomen. There is compression the various organs, and rubbing their peritoneal coats causes adh sions, and in cases where spongi has been done he believes it to good practice to use the saline, a leave enough to float the intestin thus preventing adhesions, and p serving the position of the loops intestine.

The President asked Dr. Yenn to announce whatever entertainme there was provided, so that membe might understand the hour and pla

Dr. Yenney said there was to be banquet in the Commercial Club d ing room at 6:30 P. M. Thursday, t

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nquet to be given by the City and unty Society in honor of the visit- g members of the State Association. e hoped that all could attend, and ked that each member would notify e Secretary, giving his name, so at the steward may know how many prepare for. It is important that e Secretary have the names before o'clock today.

Dr. A. C. Smith said that the city ciety is giving the banquet to the ate society. The city society ex- cts to pay for every plate, and the mmittee wished this to be under- ood. The steward should have no- ce by 3 o'clock, and he asked that l bear this in mind.

The President called upon Dr. With- spoon to close the discussion on s paper.

Dr. Witherspoon said he thought a oderate amount of catharsis before eration might be a good move in e majority of cases, but after oper- ion he made use of eserin, which as about all that was needed if cath- ises is due, not to a gastro-ileus, but r the eserin relieves the gaseous stension. Thinks the reason gas ises is due, not to a gastro-ilius, but a disturbed function of the bowel, eurotic in origin, the effect of dis- rbing the sympathetic nerves, and the lower bowel is kept open, the atient does quite as well as when athartics are given immediately.

The Ochsner method is not equal the treatment of a good surgeon, ut if the patient is in the hands of man who lacks skill, he had better se the Ochsner, but where the sur- eon is competent, the Ochsner treat- ent should only be used in selected ases, for too often when it is used he patient passes out. In general edicine local anaesthesia fills a iche, and may be used in many cases, ut in regular surgical work, it is of little use. Regarding irrigation, he did not know when he had last irri- gated an abdomen; his results have been satisfactory; he might irrigate at any time, and find it good. The danger lies in the infection of the tissues, and the irrigation will do no good. Multiple incisions for drainage are unnecessary, one holding a large tube is all that is required. Place the drain in the proper place, and no more are needed.

The meeting adjourned until 2 o'clock P. M.

The convention was called to order by the President, Dr. Coffey, at 2 P. M.

The President said that if in any convention the names of the six lead- ing men in surgery were to be men- tioned, that of Dr. George W. Crile, of Cleveland, Ohio, would be one of them, and Dr. Crile was now to pre- sent us a paper on "Surgery of the Thyroid Gland."

Dr. Crile opened his paper by giv- ing recognition to Kocher, as the great teacher of all our knowledge of the thyroid gland. Reported 225 cases, eight of which were carcinomatous, and one sarcomatous.

He spoke of local anaesthesia, and that morphia-cocaine anaesthesia is the safest when the trachea is in- volved; and enucleating, rather than excision, should be done, draining for 48 to 72 hours. No operation should be done before 25 years of age. In the adult age, malignancy occurs in 6 per cent to 10 per cent. He men- tioned a report of 254 cases by Kocher, with a mortality of 3 5-10 per cent. The chief danger of opera- tion is the psychic excitation caused by the preparation of the patient for operation. The psychic excitation is the most powerful factor in determin- ing the result of the operation. Under

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the excitation, the gland discharges an over-abundance of secretion into the circulation, with fatal results. He has made tests with dogs, getting the same symptoms as in the human. Hypertrophy of the gland can be caused by psychic excitation.

Morphia and the bromides, taken before operation, assist in bringing the patient into a negative psychic state. He has also used hot water on sponges to destroy the excess of secretion, which it seems to aid in doing. He described his method of operating without the patient's knowledge, thus abolishing the shock of preparation, which is the factor producing psychic excitation. This is the Crile inhalation method, and as he is giving the patient supposed treatments, with inhalations of various oils every morning, in the anaesthetizing room, the patient does not know when the ether is added to the oils, and wakes up with the operation completed, which obviates the conditions bringing about the psychic excitation. Since adopting this method, his mortality rate had been greatly reduced, having lost 4 out of 28 cases.

The President said this is the most important step that has been taken in general surgery in a long time, and one that should be used as much as possible. He announced that a telegram had been received from Dr. James B. Eagleson, of Seattle, saying he was too ill to attend the convention, and asked Dr. A. C. Smith to open the discussion.

Dr. A. C. Smith regretted not knowing before that he was to open the discussion, for he realized this as an extraordinary occasion, and he felt his lack of ability to open, off-hand, the discussion of a paper by a master. He was sorry the writer had not recommended local anaesthesia more generally, for he has been quite enthusiastic over its use, in thyroidectomies. Kocher gets along very w without general anaesthesia, and Smith had adopted his plan, and l had little trouble. Even in a you girl of 15 he had no special nervo ness. The goitre was large, compre ing the trachea and giving dyspn He thought he would have troul but persuaded her to submit to lo anaesthesia, and her principal co plaint was when dragging upon gland, for the incision was not la as it should be, and haemostasis v not perfect. Had he had a larger cision, the tumor could have be lifted out without any dragging. make this mistake, the incision is small.

Dr. Crile says to sever the musc and then to sew them together. T is a good point. Beginners often ma the mistake of not going down throu the fascia to the capsule. The fas is so thinned it looks like the caps and undue traction is made on sheath of the fascia, rather than the tumor.

The psychic excitation is against lo anaesthesia, and is an objectio feature; it, of course, must be grea in local. Dr. Crile is diplomatic his work. Dr. Smith said he sho resort to Dr. Crile's plan in his n case, particularly if it is an exo thalmic. He asked Dr. Crile rega ing his experience with the X- treatment; he would like his opini Dr. Smith would recommend its in all cases before resorting to su ery.

The President said that Dr. C. White wished to speak to the asse bly.

Dr. White announced that the Co mittee on Entertainment had und stood that it was rumored that banquet on Thursday night was f only to the visiting members. T was a mistake, as the banquet w to be given by the City and Cou

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Society to the State Medical Association, all members of which were invited, and would they please register their names with the Secretary, so that the proper preparations might be made.

Dr. Yocum, of Tacoma, asked if to tie the thyroid artery, and then after several days go on and finish the operation of removal of the gland, would psychic excitation be lessened.

Dr. Suttner, of Walla Walla, reported a case of goitre, in which a fractured thigh occurred. The temperature went up to 109, and the man died in three hours. . He considered that hyperthyroidism killed him. In one case, under operation, he removed the right lobe, and there was no alteration in the pulse, but he noticed the pyramidal lobe was well marked, and separate from the right lobe may differ from the rest of the the lobe was released the pulse dropped twenty beats. He thinks perhaps the function of the pyramidal lobe may differ from the rest of the gland. He thinks the gland should be handled as little as possible, and mentioned a case operated on by C. H. Mayo, in which two months after operation gall-stone colic appeared, and later dullness on the right side of the chest extending to the umbilicus, from the third rib, and later pain in the appendix, with tympanitis, and pulse 190. An incision over the appendix showed no trouble there, but an abdomen full of fluid. A drain was put in, and the patient got well. The fluid showed biliary staining, and it was pronounced a thyroid metastasis to the liver. He believes this quite probable. In some way the cells find their way to the organs.

Dr. Herbert C. Moffitt, of San Francisco, said exophthalmic goitre is common in California. He has had three cases in the last month. Potassium and phosphate of soda are Kocher's remedies, and are usually given in California. The serum is given, but will not cure the hypertrophy, though it influences the gland and prepares the patient for operation. The patient is put in the hospital and given no meat. Dr. W. H. Thompson, of New York, says that tonsillar infection lights up thyroid infection; so in preparing a patient for operation it is well to clean up all the parts. He insists on a proper preparation of the patient.

Dr. W. T. Williamson, of Portland, said the Association has a surgical President, and the atmosphere is surgical, but having lately breathed the atmosphere of the neurological section at Chicago, he felt the blend of the surgeon and the physician, who should work together, hand in hand, in the individual case. Treat the individual, and not the disease. It may not be necessary to use the surgeon, the physician may prepare the case, and treat it medically, as far as it is advantageous, and then, if necessary, the surgeon must do his work. Thompson thinks the condition rises from intestinal intoxication, so he gives no red meats, and uses intestinal antiseptics. Salol, and once a week gives blue mass. There may be tachycardia without enlarged thyroid, or exophthalmia, but the same treatment is required.

The President said he saw an inoperable case that he heard afterward was cured by goat's lymph. So there may be many cures for this condition.

Dr. William House, of Portland, thought the psychic attitude is the most interesting point given to the society since he has been a member. Excitation is poisonous to the system, increasing bodily metabolism.

If the paper would call attention

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to avoidance of excitation in all surgery, it would repay all the work and sacrifice that has ben made to enable us, each one, to hear it. It is a magnificent paper.

Dr. K. A. J. Mackenzie, of Portland, said that when in general practice, he became convinced there were different types of goitre, the exophthalmic presenting the worst type, and these are a group by themselves. The early cases are amenable to medical treatment, and he has seen cases of Graves' get well without treatment; he did not say this to argue against surgery, but he had seen the disease die out. He was much impressed by the psychic lesson, and should observe proper care in future cases. He has had a lamentable mortality, and after listening to the paper, he believes that careful preparation of the patient with goitre of advanced type, will enable the surgeon to operate with favorable results. He asked Dr. Crile what the results were in the different operations, of removing the entire body, or of removing the gland and leaving the para-thyroids.

Dr. A. E. Rockey, of Portland, wished to add his approval to the commendations which the paper just read has received. Lately, in New York, while watching an anastomosis of the facial nerve, he sat by an English surgeon, who remarked that one man whose work was worth watching is Dr. Crile, of Cleveland, Ohio. Dr. Rockey did his first thyroidectomy seven or eight years ago. The patient was extremely nervous, with a pulse of 160, and dissolution seemed approaching. No anaesthetic was used, except a hypodermic of morphia and atropia. The patient recovered. In one case, where death occurred from hyperthyroidism, everything seemed favorable to recovery at first, but the pulse soon rose, delirium appeared, and rapid breathing, death occurring in twenty-four hours. Believed he should adopt Dr. Crile's method of anaesthesia, for one thing it would give one better opportunity to use care about the region of the recurrent laryngeal nerve.

Dr. H. W. Coe said the Christian Scientists have made much over the cure of exophthalmic goitre, and it is impressive to see these cases brought before an audience, and yet the majority of their cases finally pass into the surgeon's hands. This paper discussing the psychic problem is of value as a step leading to its use in the cure of other diseases. This feature of the discussion is of sufficient value to have brought us all to this meeting.

Dr. A. C. Panton: Dr. C. H. Mayo has said that 75 per cent of cases recover under medical treatment, and he is sure that a large percentage do really recover, but there remain many that are surgical cases. Favorable terminations have been reached by ligating the superior thyroid artery before removing the gland, and he has used the X-ray with good results. The X-ray thickens the capsule, and prevents secretion. Dr. Panton thinks it is good surgery to remove the pyramidal body, and one lobe, and to tie the artery on the other side.

Dr. Crile, closing, said his hopes in presenting the paper were realized, in that he had succeeded in bringing out points yet unsettled for discussion. He has used the X-ray with some success, and in a large proportion of cases he gives it while they are making recovery. Sometimes he gives the Weir Mitchell treatment. Excitement of any kind will cause injury to the patient. Dr. Crile advises not to operate on any gland until it has proven refractory to medical treatment.

The superior and inferior thyroids have been tied by Kocher and others,

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and have been useful in limiting the secretion of the gland; Kocher is very careful not to operate until he is sure his patient is in an operable condition. The patients have faith in Kocher, and where faith is complete, psychic excitation is eliminated, and the case is more apt to recover. The fact is that merely to enter a hospital gives one a shock, but the few days of preparation calms the fears, and hope is raised, and the condition is more favorable. In acute Graves' disease, the death rate from accident is greater than from operation on the gland.

Dr. Williamson struck the key-note when he said physician and surgeon should work together, and this is never more true than in treating Graves' disease. In reply to Dr. Mackenzie's question, if the gland is removed the patient must be given thyroid extract to keep the equilibrium; this may be preserved for some time, by the administration of the thyroid, but if no thyroid is given the case would have myxodoema.

In a report by Dr. Beebe, read in New York, he discussed the removal of the parathyroids, and said that if given neucio-proteids a patient without parathyroids will get along for a while all right, but if the neucloproteids are not given the tetany will return.

Dr. Crile feels sure the psychic influence is the determining factor in the results of operation, and that the fate of the patient is decided when the incision is made.

Dr. Short, of Portland, moved that in view of the lengthy program, and that so large an attendance was present this day, that election of officers take place at 4:30 o'clock today, and that a recess should be given at 4:15 today for a meeting of the house of delegates.

After a prolonged and spirited discussion, the President ruled the motion out of order, and against the Constitution and By-laws.

The President: The motto of the Commercial Club, in whose rooms we are meeting, is "Made in Oregon." I am reminded of this motto now that we are to listen to a paper read by an Oregon product, Dr. Ralph Matson, on "Therapeutic Application of Bacterial Vaccines."

Discussion was opened by Dr. W. R. M. Kellogg, of Seattle.

Dr. Kellogg became interested in the vaccines and opsonic index in 1905, and spent much time in the study, and last year read a paper before this body. But as time goes on one's views change, or become modified. The use of vaccines by clinical methods has been in the hands of eminent men for a long time, always looking toward the bearing on tuberculosis, with the hope of cure. Wright astonished the world by his results, and others have done much, but still, after using the opsonic index, he is doubtful as to its value. In the comparison of the index in many cases, with the use of the vaccines, he has come to feel that we must look to the clinical results of the vaccines, without the imperfect guide of the index, for our real knowledge. Some go so far as to doubt that there is such a thing as opsonic index. Wright used the vaccine before he used the index. He has no doubt of the value of vaccines, and the value of the index remains to be seen. Time will determine, for the index will not always follow the curve of the disease.

Dr. E. A. Pierce, of Portland, said his work lies along other lines of treatment than that of the paper; he saw the first three cases of Dr. Matson's. He believes in out-door treatment, and if the patient follows instructions, as to diet and exercise, then the vaccine and index may cure.

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Dr. A. C. Panton said it is an undecided question how much dependence can be placed in the index, as it is not always reliable, and one can often get better work from using cultures than examining the blood. In London the surgeons are not sure that an index is an index. In St. Peters' hospital the index is not much used, the vaccine being given without blood examinations, depending solely on the clinical symptoms.

Dr. Matson, closing, said that Dr. Wright advised in the cases where evolution was so slow that improvement cannot readily be seen, to use the index, and considers it reliable in these cases, but those in which a change can be seen from day to day, Wright does not make blood examinations, and in cases of mixed infection he would not rely on it entirely.

The President introduced Dr. C. A. Veasey, of Philadelphia, who read a paper on "Simple Chronic Glaucoma." The writer said the vast majority of cases went before the general practitioner before the specialist saw them. He favors the use of myotics, and uses eserin, grain 1-12, to the ounce, dropped in the eye every three hours, with a dose at bedtime, twice the strength, for the purpose of keeping the pupil contracted all night. He teaches to eliminate rheumatism, and to use nitroglycerin and strychnia when indicated. If the myotics will hold the disease in check then he continues their use, but where the trouble progresses he does an irridectomy. In advancing age, with good vision in one eye, he does not operate. Dr. Veasey demonstrated on charts the point at which the knife must enter, in order to successfully accomplish the iridectomy. He operates on the poor eye first, and when one eye is blind, and the patient old, he does not operate; however, there should not be arbitrary rules, and cases should be selected for each treatment.

Dr. Richard Nunn not being present, the President asked Dr. F. B. Eaton to open the discussion.

Dr. Eaton thought this disease one to be dreaded because of its seriousness and treachery. He has had much experience with cases of tension without pain, and those of pain without tension. One may do an iridectomy, and improve the sight, but the other eye must be carefully watched. It requires good judgment to know just when to operate, and the general practitioner ought always to be on guard to make a diagnosis of the disease.

Dr. LaMotte, Salt Lake, said there is much glaucoma in Utah; as it is worse in high altitudes, where there is much sun and few clouds. All are diseases of the nerves, originating in the superior cervical ganglia, with the symptoms localizing in the eye. The sphincter iridis guards the eye, and while intact and in health, there is no increase in intraocular tension, but when for some reason the sphincter muscle relaxes, the dilator muscle bunches the iris up in the infiltration angle, and the fluids do not escape from the eye, and there are periods of prodromes, when the patient complains of pain. In simple progressive glaucoma, where there is a question of diagnosis, we will find pain in the morning, or at night. The patient feels very uncomfortable. The sphincter of the pupil relaxes, when asleep, and the impulse is transmitted through the ciliary ganglia to the dilator muscle of the iris, and the fluids do not escape, and give rise to tension and pain. In the early morning we can see the cupping excavation, when it cannot be seen at four or five at night, with the ophthalmoscope.

If a patient of 35 has failing accommodation, with slightly dilated pupil,

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with pain in the morning, and the pupil does not react to weak solutions of mydriatics, but does react to cocaine, he has incipient glaucoma, and after giving the accommodation relief, give myotics, and the case is often cured. But if not then the operation must be done.

Dr. Veasey does not mention the operation of resecting the sympathetic cervical ganglia, superior, before the adhesion of the infiltration angle. After obliteration of the infiltration angle, of course the operation of iridectomy must be done.

Dr. Johnson, of Spokane, congratulated Dr. Veasey on covering the ground from the standpoint of the specialist, and he wished he had continued and taken up the question of diagnosis for the benefit of the general practitioner. There seems to be varieties in degrees, and in kinds. Age does not appear to control the development of the condition, as cases are given of ages of 19 and 30 and 60 years. The best one can hope for is to stop the progress at any stage where possible.

Dr. Veasey, in closing, said time was too short to give much on this disease, but in all medicine there is nothing more satisfactory than the treatment of acute glaucoma. Some think there is no cure for the chronic, but in simple chronic glaucoma, 50 per cent retain sight. It is a strange coincidence that Javal, who has done almost more than anyone to preserve the sight of mankind, should become blind in both eyes after operations for this disease. In fact, statistics affirm that 100 per cent become blind after myotics fail, in case no operation is done.

Dr. C. S. White, Portland, moved that we adjourn until 10 A. M. Thursday, when we again resume the scientific discussion. Carried, and the assembly adjourned.

Thursday, July 2, 1908.

The House of Delegates met in the hall of the general assembly at 9 A. M., being called to order by the President in the chair.

The Secretary read parts of the Constitution and By-laws, upon which there was uncertain knowledge among members of the assembly.

Dr. William Kuykendall moved that the Committee on Nominations rise and report to the House of Delegates. Carried.

The House of Delegates received the names of the following for the respective offices:

President—Dr. E. B. McDaniels, Baker City; Dr. W. T. Williamson, Portland; Dr. W. H. Byrd, Salem.

First Vice-President—Dr. C. J. Smith, Pendleton; Dr. William Kuykendall, Eugene.

Second Vice-President—Dr. Ringo; Dr. C. S. White, Portland.

Third Vice-President—Dr. B. A. Cathey; Dr. H. W. Coe, Portland.

Secretary—Dr. William House, Portland; Dr. J. D. Sternberg, Portland.

Treasurer—Dr. Edna D. Timms, Portland; Dr. Otis B. Wight, Portland.

Dr. H. W. Coe asked to decline the nomination of third vice-president, and nominated Dr. R. C. Yenney, of Portland, in his place. Seconded.

Councillors—Dr. W. T. Williamson, Portland; Dr. S. T. Linlater, Hillsboro.

The report of the treasurer, Dr. Edna D. Timms, was read, in which she declared a balance in the treasury of $692.41.

Drs. J. D. Sternberg and C. S. White were appointing auditing committee, to look over the books of the secretary and treasurer.

Dr. S. E. Josephi, of Portland, presented a resolution moving an amendment to the by-laws, chapter V, section 1, to strike out the words "majority of the votes cast," and inserting the words "two-thirds of the votes cast."

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Dr. William Kuykendall moved the adoption of the resolution, and it was carried.

Dr. Josephi moved that sections 3 and 4, chapter V, shall be changed so as to read "Association" instead of "House of Delegates" in both sections.

Dr. W. T. Williamson said these should be included in the resolution just adopted. He moved that in sections 3 and 4 "House of Delegates" should be stricken out, and included in the resolution "The House of Delegates shall report to the general association, on the morning of the last day of the convention."

Dr. William Kuykendall said the wording of Dr. Josephi's resolution changing sections 3 and 4 are not very specific, so why not strike out "Nominating Committee" and insert "House of Delegates" and strike out "House of Delegates" in Section 4 and insert "Convention," and include it with Dr. Josephi's by general consent.

The President ruled so to do.

Dr. House asked if he could include these corrections in the by-laws.

The President ruled that no further motion was required.

Dr. H.W. Coe called for the motion.

Dr. William House said that Dr. Josephi's resolution had nothing to do with the change of words, but only with the election of officers.

Dr. H. W. Coe moved that Dr. Williamson's motion lie over till tomorrow morning.

The President ruled that no vote was required. The matter could just go over.

Dr. Kuykendall moved that the association order 500 copies of the amended constitution and by-laws. Carried.

Dr. John Milton Holt, of the Marine Service, asked that attention and support be given two bills now pending in Congress, for the betterment of the marine service, and better recognition of marine surgeons. Dr. Wyman had introduced both bills, and they had passed the Senate, and now are in the House. Probably they will become a law, but he would like to know the wish of the House and if the Association consider the bills, and act for their winning.

The President asked what is the wish of the House?

Dr. C. S. White said there had been some work already done toward helping these bills along. Dr. R. C. Yenney had been working through the state and had secured the approval of the City and County Society.

Dr. Holt wished for a decision by the House of Delegates.

Dr. C. J. Smith moved the matter be referred to the Committee on Public Policy and Legislation, and they to report tomorrow. Carried.

Dr. H. W. Coe asked what the wish of the House to be regarding the handling of the papers. The Sentinel had always published the papers, year after year, being the official organ of the Association, receiving copies of the papers during the session, but this year there seems to be a question as to where the papers belong. The Sentinel will copy them, but would want them very soon.

Dr. Holt asked what action is to be taken this year regarding their publication?

Dr. House said the Committee on Publication is luke-warm, but decides that if there is money in the treasury, sufficient, they recommend publishing the transactions.

Dr. Coe said the Sentinel could save the Association money, if the transactions were given them to publish.

The President thought the Sentinel might submit bids.

Dr. House said he would allow the Sentinel to take any paper at the request of its writer, but he wished the copying to be done quickly; he wanted

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to get the transactions out quickly, and did not wish the papers held up.

Dr. Coe said the Sentinel could save the Association $100.00, or more.

Dr. C. S. White moved to refer the matter of publishing transactions to the Committee on Publication, with power to act. Carried.

Dr. House said he would like instructions on the publication of the transactions. Will the committee act? The President ruled that they would, and the House adjourned.

Dr. Kuykendall moved that the secretary be instructed to permit the Sentinel to take such papers as the readers request for the purpose of making copies for publication. Carried.

The House then adjourned until tomorrow morning.

Thursday, July 2, 1908.

The association was called to order at 10 A. M. by the President, and Dr. E. F. Tucker, of Portland, read a paper, "Physiology of the Pelvic Floor," and described his operation for perineorrhaphy, incising down to the sphincter ani, and inserting catgut through the sphincter muscle, bringing it up against the posterior vaginal wall. He presented several plates, demonstrating the various steps of the operation.

The discussion was opened by Dr. Robert H. Ellis.

Dr. Ellis said the paper was one of value to progressive surgeons, and of much interest, owing to its very lucid presentation. The points described add to our knowledge, and he thanked the writer for the carefully described method by which he gained his most favorable results in this usually unsatisfactory operation, which condition had more or less to do with retroversion of the uterus. It is a question as to what are the real supports of the uterus. Dr. Coffey had proven the durability of peritoneal supports, and his operation by plication, has almost become a law. Yet it has been demonstrated that in ptosis, with a heavy uterus, the plication method will fail, without repair of the pelvic floor. He reported seeing two cases in which the pelvic floor did not support.

The paper was further discussed by Drs. J. A. Fulton, Amos and Cardwell, and closed by Dr. Tucker, who thanked the members for their attention and complimentary remarks.

The paper by Dr. J. D. Sternberg, of Portland, at his request, was read by title, and given to the secretary for publication in the transactions.

The President asked to permit Dr. Suttner, president of the Washington State Medical Association, to make an announcement.

Dr. Suttner said the Washington State Medical Society will meet at Walla Walla, September 8th and 9th, and he extended an invitation to members of the Oregon State Society to attend, promising them as good a program and a time as the state is capable of creating.

Dr. C. N. Suttner, of Walla Walla, read a paper on "Further Studies on Broad Ligament Plication for Uterine Retroversion."

Dr. Suttner had been working along the lines of Dr. R. C. Coffey's teaching and had met with favorable results in a large percentage of his 79 cases. He has concluded that the plication method is the best of any method for keeping the retroverted uterus in position, but it is not specific treatment. When the uterus is low, or heavy, or the perineum not repaired, the uterus is likely to again sag to its former position. In one case where ventral suspension had become fixation, the pregnancy was carried to 309 days, and an epileptic child was born. Two cases were in

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the second month of pregnancy, when the plication was done, and they did not abort. His last case of failure was on a neurasthenic patient, on whom he did the plication, with no improvement, then did a Kelly operation, with no better results, after which she went to Spokane and had a pan-hysterectomy. He believes the Coffey method of plication is as near perfect as can be, permitting pregnancy and normal birth-rate, but in general ptosis it is as unavailing as any other method.

Discussion was opened by Dr. L. F. Griffith, of Salem, Oregon. Dr. Griffith said he was interested in the reports of Dr. Suttner's work with this operation. Had not yet done it, and is glad to learn something about how to select cases suitable to its provisions. He did not think the epilepsy of the child had any connection with the birth conditions, though the point is a very interesting one.

Dr. William F. Amos said ventral fixation of the retroverted uterus is a bad operation because of the bad position in which the utero-abdominal stitches are placed, being passed too far posterior to the highest point of the fundus. He likes fixation, but it is desirable to pass the stitches through the anterior surface of the uterus. The patient will go through pregnancy all right. The Kelly is done three times as often as all others combined.

Dr. Suttner, closing, said in regard to the number of operations of plication, done in comparison with Kelly's, he could, of course, make no such comparison, because he has not the material to draw from, but with equal amount of material from which to select, he believed he might make a showing. If the peritoneum is, as has been proven by Coffey, the support of the abdominal organs, we have in the broad ligament a structure that will place the organ in its proper location, without loss of natural function.

Dr. H. Welland Howard, Prosser, Wash., read a paper on "Symptomatology, Diagnosis and Treatment of Arterio-sclerosis."

Dr. Howard said his was a modest effort, but the disease is so much more common than is ordinarily considered, that he wished to call attention to some of the symptoms, among which are paraesthesia, numbness, coldness of the extremities, headache, dizziness, oppression at the vertex, mental fatigue, temporary paralysis, cardialgia, with a dull or severe ache, intercostal neuralgia, and gastric incompetence, specks before the eyes, mental and physical fatigue. His idea of the best treatment was rest and hygiene.

Dr. J. M. Short, of Gresham, opening the discussion, called attention to the fact that this question is more than ever discussed now in scientific circles. In the etiology, age is given as the principal cause, but that is not alone the cause; before the disease, is the high tension at which we live, the lack of attention to diet and stomach, and rest of the body. Constipation, and toxins absorbed from the gastro-intestinal canal, bring about the disease, as the toxins act as poisons on the vaso-motors, thus altering the tension of the blood-current. He believes the early use of the sphygmometer to determine the amount of blood pressure, would help in warding off the disease, and prolong life. The finger is not reliable in detecting early variation of tension.

Dr. Howard, in closing the discussion, thanked the society for the attention given his paper.

The President said that the public, as well as the profession, must be educated, and one way to do it is to prosecute the quacks, but there is only one man in the association who has

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one anything in their prosecution, nd that is Dr. Alan Welch Smith, of ortland, who will read a paper on Practical Methods of Dealing with uacks and Quackery."

Dr. Smith spoke about the scandal- us manner in which medical colleges low students to be bombarded with terature and samples from manufac- rers of proprietary medicines, thus elping to start them off with false eas. Bills in their passage through he legislature are lost or stolen just efore the final victory, as was the ase not long since. Another bill in his instance will be drafted, and he ould urge physicians to use their fluence for its passage.

The President wondered if troubles ill never end. He became lately a ember of the State Board of Medical xaminers, and the first thing he eard was that no Eastern man could et through the Oregon state ex- minations. And then the Oregon en say that the board has it in for regon students. We have here the an who has done more work with he examinations than any other in regon, Dr. A. C. Panton, who will ead a paper on "Standards of Medical ducation."

Dr. Panton said there are 160 schools the United States; 50 per cent are ood, and 20 per cent are unworthy recognition.

The President announced that the scussion would be opened by Dr. harples, of Seattle, who is the Secre- ry of the Washington State Board, nd an ardent advocate of medical rogress.

Dr. Sharples said the board had enty of trouble in issuing the licenses proper persons. He thinks the pub- do not realize what the medical rofession stands for, or have any de- re for protection from the impositions of illegal practitioners. The ower of the charm of new things is almost irresistible, and the bump of faith, which is our inheritance, is still large. We have faith in religion, and in medicine. We absorb the power of the fetich, and quacks are made because of the public demand.

And in speaking of our schools, we are all anxious to be professors, in the medical schools. There are two reasons for this. One is that we like the standing that the position of professor gives us, and we get more work by holding this position; and, second, we learn details of teaching, and are better posted because of the study we must do. As Dr. Panton says, the schools are for the doctors. The press works for business, lawyers work for business, and we are in it for dollars and cents. Now we may take the other side. We know the amount of harm that quacks do. When Teleconi was in Seattle, I felt that he would get money from the rich, and that would not matter so much, for his prices were so high that poor could not go to him, and thus were protected from throwing away their money. The medical profession should help the state board to protect the public from incompetent and ignorant men; this is our duty. Reciprocity is a hard question with which to deal. Each state has a right to make its own police laws. But we, as a body of doctors, must support and raise the standard of our medical community.

Dr. Shaft, of St. Louis, Mo.: The approach to a high standard necessitates a preliminary academic acquirement. He has the English idea that one should begin school at six years of age, enter the high school at 14, with four years in the high school, and two in the college, which equals more than the sophomore, and is less than the junior, but at 25 by constant study he will be a doctor.

Dr. Crockett, of Portland, said he came to Portland in 1905, as a visitor.

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He was told it would be useless to try the board, to try to pass the examinations, but he did and was successful. He met Dr. Panton in his official capacity, and he was very pleasant, and their business relations were most enjoyable.

Dr. J. O'Day announced that he is just new in this country, and expects to go against this same examining board at their next meeting, and while it is no picnic to pass a board, he is glad to hear a paper from one of the examiners, and to know that while fair treatment is given to all, a license from the Oregon State Board carries honors with it. In Hawaii, where he took a license, one has to take oath not to be unprofessional in any degree, and if the oath is broken, the license is automatically revoked. Dr. O'Day believes in the American spirit, and is proud of Oregon. In Europe he is asked, "Do you know the Mayo boys?" and in Rome the most eminent surgeons have visited American postgraduates.

Dr. Tamiesie, of Hillsboro, said he was interested in the contents of the papers, and felt this to be the opportunity to introduce a resolution calling attention to the work of the National Health League,which has members in every large city, and has one in Portland. The resolution was to aid in the establishment of a National Health Board, and he moved its adoption.

The President ruled Dr. Tamiesie out of order.

Dr. Alan Welch Smith, in closing, said he disagreed with Dr. Sharples, on Teleconi, as not only the rich, but the poor went to receive treatment at his hands, and to give to him of their savings. Teleconi had been arrested here, and tried in court, but being a man skilled in evading the law, employing a clever lawyer, he is a hard one to fight. He was a quack clear through. He charged high fees, $10. and the patient must come ten twenty times. The treatment was laying on of hands, and rubbing, a the court decided the treatment v not medical, and not amenable to law, so now he is under arrest practicing osteopathy without license. He hoped every doctor wo keep in mind the bills of Dr. Holt, a work for them.

Dr. A. C. Panton, closing, said board has been too lenient in the p and yet has been abused, and bu ragged in a most shameful mann The estimate of the Board had b corroborated by the findings of Committee on Education of the A. A., of which Dr. Bevan is the ch man. He wrote to Dr. Bevan, ask the status of our schools, not discu ing either. Dr. Bevan replied say the Willamette College is not scienti and should teach nothing beyond first two years of medicine; that th should be but one medical school the state, and that should exist a department of the State Univers The examining board is not to blan the schools are to blame, and sources of great unhappiness. T board likes to do its duty, and sho work more strenuously.

The President announced an journment till 2 P. M.

The convention was called to or at 2 P. M. by the President in chair.

Dr. S. E. Josephi read a paper "Caesarian Section," giving a rep of a case, and statistics of the ope tion in Portland. He believes in axiom that "No woman should be lowed to go to her grave with an delivered viable child." There h been 14 cases done in Portland, sides his own. In all of the 14, la had been active for some hou Analysis showed 10 cases with relat

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ndications; nine mothers lived, one lied; eight infants lived, and two lied. Section for absolute indications, our cases: Three mothers lived, one lied; three infants lived, one died. Indications not stated in reports: One nother died, one infant lived. Showng mortality per cent, for relative indications, mother, 10 per cent; infant, 0 per cent. Absolute indications, nother, 25 per cent; infant, 25 per ent. Of the fatal cases, one was due o exhaustion, and one to tuberculosis. The old mortality rate of 50 per cent o 90 per cent, has given way to 5 per ent, under favorable conditions. Thinks mother's mortality should not xceed 1 per cent. Relative indicaions should receive favorable consideration in all cases. Advises against aiting for labor, as drainage is easily nserted from above.

Discussion was opened by Dr. eorge B. Story, followed by Drs. Sutter and Florence Manion. Dr. Josephi losed.

Dr. Josephi said Dr. Story misunerstood him to advise in all cases of clampsia. He said in certain cases, here it was necessary to empty the terus, and the cervix was rigid, either celio-hysterotomy, or vaginal hysterotomy should be done. He saw it one in the Charity hospital, in Bohm's linic, with great speed, the child beng extracted in five minutes. In contracted pelvis, the child cannot be delivered even after a vaginal hysterotmy. In Chauta's clinic many cases f pubiotomy are done. In stenosis of the cervical canal, the best reults are gotten by celio-hysterotomy.

The next paper was by Dr. Herbert . Moffitt, of San Francisco, on "Adreal Tumors."

Dr. Moffitt gave the different types f growth, and the clinical peculiarities of hypernephromata. Reported ases illustrating various forms of metastasis in the different organs. Spoke of these tumors occurring in children, and gave the results of surgical work. He gave many symptoms which aid in the diagnosis of nephromata, such as pain in the loin, a trace of albumen in the urine, a lump on the right side, following a fall, and the lump growing forward, or a protrusion at the sixth and seventh dorsal spine, dullness in the lung. In a child eight years old, the eyes bulged, the right eye more than the left, with a metastasis to the brain. After trauma, a growth may come about the eye or ear, with no changes in the blood or urine. He regards haematuria always with suspicion.

Dr. J. F. Bell, of Portland, in opening the discussion, said: It is a pointed question, how much connection has arterio-sclerosis with the action of the suprarenal gland. It is only fifteen years since we learned the function of the gland, and we know now, only that the medullary secretion acts on the blood vessels. The nephromata may come singly, or multiple; will find them in the adjacent viscera, the liver, kidneys, or the uterus.

The President said we had with us the President of Missouri University, and invited him to participate in the discussion, Dr. Green, of Missouri.

Dr. Green said he had been tempted to speak on one point. The symptoms of these tumors are those of malnutrition. These ductless glands are concerned with nutrition, and their physiological use is in nutrition. The physiologic fluids containing suprarenal extract cause a rise of blood pressure. Dr. Crile did not say so, but no organ is affected, like the heart, and absence of the secretion will decrease the heart tension.

Dr. Hosmer, of Portland, said it was easy to mistake these tumors for tumor of the spleen, and reported a

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case of his own, in which the tumor appeared in the left side, the urine was negative, blood aenemic, the pain extreme, X-ray and arsenic were of no benefit, mental symptoms appeared, and operation showed it to be a hypernephrotoma. The patient died in six hours; the tumor was as big as a man's head.

Dr. House said the paper itself spoke of the great work the writer had accomplished in preparing it, the authors given in the bibliography being fifty-eight, and this is an immense amount of literature to go over.

Dr. Moffitt, closing, said this tumor is the most common of renal tumors, and he would call attention to the vagaries of the growth. If care was given to the diagnosis, one will not be mistaken in differentiating it from the spleen. He does not know a better lesson in diagnosis than to take an indefinite tumor of the abdomen, and work out the differentiation. With the cystoscope these can be worked out. One must pay attention to the position of the colon; this will run in different lines through, or around the tumor.

The next paper was the address of the President, on "Concentration, and Organization of Medicine and Surgery, in the Pacific Northwest," by Dr. R. C. Coffey, Portland, in which he said that the trend in medicine now is toward the education of the profession, then to the education of the public. The leading orations at the A. M. A. this year were toward that end, looking toward their duty to those who shall be stricken with cancer and tuberculosis next year, and the years to come.

Education of the profession must be sought through the schools, examining boards, and journals. Medical schools are rapidly diminishing in number, and improving in quality. There should be but one school in the Northwest, and there should be reciprocity in these states.

Dr. George W. Crile, Clevela Ohio, gave an address on "Trans sion," and exhibited his set of inst ments used for this purpose. He h experimented on many dogs, using c trols, where necessary, and finds th transfusion of blood is a successful eration, and that blood is physiol cally interchangeable with animals of the same species. The patients anaesthetised, and the anastamosis the vessels made by sewing intima intima. Sewing the vessels large and small dogs together, a transfusing into the veins of small dog produced oedema of lungs of the small dog, and the ani died of excessive transfusion. T normal salt solution does not ca a rise in blood pressure, nor sust it higher than normal, but trans sion of blood causes a rise of pr sure. In surgical shock there is condition of lowered blood-pressu though no pathological lesion found; death is due to a failure the circulation, an intravascu hemorrhage, one might say; the va motor centers break down, and anemia occurs.

The conditions of danger which m develop in the patient and the do are respectively, dilatation of heart and cerebral anemia. While blood is flowing, the heart is un constant observation, one person ing detailed to attend to that alo

Dr. Crile has made observations many diseases. Pernicious anemia a condition in which he expected get good results from transfusion, was disappointed. Leukemia tuberculosis were equally unin enced. In chronic suppuration, patient improved, but the impro ment did not continue, and the b that can be accomplished is, that patient is put in a better condit for operation. In carcinoma and coma some improvement has b

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shown, but results are not yet conclusive. Hemorrhage in typhoid has been transfused for, and improvement followed, but the hemorrhage recurred, and the patient died. In these cases transfusion must be followed by operating and tying the bleeding vessels.

In five cases of hemorrhage of the bowels, one or two transfusions have given relief. In jaundice of the bile-ducts, and hemorrhage, the nose-bleed will cease. Haemolysis occurs only in disease, and by proof of the haemolytic test, 80 per cent of malignant tumors show haemolysis. Transfusion is of value in human sarcoma, pathological hemorrhage, shock and acute hemorrhage in animals.

Dr. J. R. Yocum, of Tacoma, opened the discussion, and said he was quite unable to discuss a paper so advanced in technique and pathology, and could only thank the writer for the privilege of listening to so masterly a report of his experimental work.

Dr. Johnson, Portland, congratulated the Society on the presentation of this valuable paper. He asked if any better results would follow if in diphtheria or septicaemia, the patient were first bled, and then transfusion were done; would the results be any better.

Dr. Yocum asked how the condition of the recipient was regulated, and how did they protect from formation of thrombus.

Dr. Kellogg asked how often hemolysis was found, and referred to a case of transfusion in New York, the child of Dr. Alexander Lambert, which was born with a malignant neotoma, and Dr. Carroll, of Rockefeller Institute, transfused, sewing the vessel of the child to that of the father. The vessel of the child must have been small in comparison to that of the father.

Dr. Thomas, Spokane, asked if the injury from severing the radial artery was permanent.

Dr. Crile, closing, expressed appreciation for the close attention which had been given so long a paper, and said transfusion is not of benefit in toxaemia or septicaemia, where the poison has a loose chemical combination with the fixed tissues. There is really no field for it in toxaemia. The condition of the recipient must be regulated by the watcher. He must know when the blood is flowing too rapidly, and when enough has been given. An anemic heart will not endure a rapid flow; but will suddenly dilate. One man must go over the chest, and watch for dilatation; must tap continuously and if the heart fills without emptying properly, the head must be elevated, and the heart emptied quickly. The heart is emptied by raising the head. Transfusion increases the work of the heart four-fold, not simply doubling the work, but four-fold. The donor must be watched also, and when he sighs, or changes his respiration, he must be relieved. We have never had a fatality, but are always watchful. In the phenomenon of hemorrhage, the pulse is no guide, the recipient will collapse before one knows it, so must watch the nose and lips for pallor and pinching. He had never seen evidence of thrombus, and he had done thirty cases, before Heckton called attention to agglutination groups, and had had no accidents, so he continued as before, without any worse results. Dr. Crile had transfused 200 cases of normal blood into other normal, and had never found normal to haemolize other normal, of the same species.

In the case of the Lambert child, with Dr. Carroll, we used a needle and thread to sew the vessels together, but the tubes are easier to use. We take a vein of good size, and then a large artery of the father.

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The tube might have been used in the Lambert child, whose resuscitation seemed like a miracle. There is no sequelae to the obliteration of the radial artery. The pressure from the distal end is about as strong as at the proximal. It is possible to cause static blood pressure in the normal heart, by careful over-transfusion, and we can make it impossible to lose a patient by shock, for the patient is shock-proof, and thus many patients are brought into the field of successful surgery.

Dr. George Wilson asked how long it takes to do this transfusion..

Dr. Amos asked if any air entered the vein.

Dr. Crile said it takes 30 or 40 minutes to transfuse, and that some small air bubbles go into the vein every time.

Dr. Crile exhibited his set of fine instruments for doing transfusion.

Dr. K. A. J. Mackenzie, of Portland, read a paper on "Treatment of Inguinal Hernia." He said that one in and thus 4,000,000 people in the United States are afflicted with this condition. Fifty to 60 per cent are inguinal, and 2 per cent femoral, in the male. In the female, 50 per cent are inguinal, and 30 per cent are femoral. It occurs most frequently during the first year of life, and after the age of 60 the number is doubled. Among the etiological considerations are these: The portia vaginalis descends ahead of the testes, into the scrotum. The mesentery is found too long, or unduly long, and late descent of the testes.

Among the exciting causes are hard labor, in the stooping position, lifting heavy loads, and digging. Any position that throws the muscles of the inguinal region into contraction, with pressure of the intestines against them, will sometimes permit the intestines to pass through, under the tension of straining. Treatment is palliative and operative. Palliative treatment has a place; trusses may cure in children under four years old, and this does occur in 75 per cent of these children, so we would not operate under the fourth year, but trusses are harmful things in many cases, and must be watched, must be worn night and day, and if hollow viscera is extruded, harm of all degrees is done.

In inoperable cases the truss with the hollow pad seems the best. Reducing by taxis is dangerous, as being likely to do harm by rupturing detached mesentery, causing hemorrhage from the mucosa or organs handled; or causing hemorrhage into the sac. In these cases, there is deficient attachment of the conjoined tendon, and the cord is not protected. In operations, we may select the Girard as one of the best, as it does all that the Bassini claims, and gives better protection to the cord. The Bassini restores the obliquity of the canal, and Girard's does too, and leaves the cord unmoved. The conjoined tendon is brought into contact with Poupart's ligament, or the muscle from Poupart's may be extended, or the fibres of the rectus abdominus may be brought out to where the wall is weak, or the fascia of the rectus can be used.

Discussion was opened by Dr. E. B. McDaniel, of Baker City. Dr. McDaniel was glad to listen to a paper of such immediate interest as this subject of hernia always presents. He knew of a case of a child of 18 months in which a truss was applied, and gangrene of the intestine occurred. He believes that trusses cause more harm than good, particularly after four years of age. He favors the plan of Girard's operation.

Dr. A. C. Smith, of Portland, disagreed with Dr. McDaniel, in that he

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would never operate in a case under four years of age, or on a young child, and he wished to emphasize what Dr. Mackenzie said regarding taxis; regards attempts at taxis as most dangerous. He has no opinion on the Girard operation, and believes it hard to improve on the Bassini.

Dr. E. J. Labbe, of Portland, spoke of intra-abdominal pressure in producing hernia, and Dr. Mackenzie closed by thanking the members for their attention, and saying he found femoral hernia to be caused by faulty inguinal fossae.

Dr. John Milton Holt, U. S. P. H. & M. H. S., Astoria, read a paper on "Medical versus Surgical Treatment of Chronic Amoebic Dysentery."

He said the consideration of this relatively new disease cannot be too frequent, at the present time. Published accounts of alleged cures by internal medication, often fail to mention how long thereafter amoeba coli were absent from the stools, and whether microscopical examination were systematically made to determine the presence or absence of amoeba.

After some of these apparent recoveries, subsequent attacks have been reported, concerning which it has been said that perhaps they may have been new infections. It is believed that medical treatment should be limited to the acute cases, and when the case becomes chronic, it should be exclusively surgical. Would not advocate surgery in the acute stage, but when it ceases to be acute, and this period while varying in different patients, may safely be said to occur, to be conservative, not before six months, and certainly not later than a year.

Drugs by the stomach are ineffectual; ipecac and quinine have been given a full trial, and have been found wanting. Cases reported cured, have relapsed. Argyrol by rectal enema, has fared no better, and cases must be sent to the surgeon before too late, before the mortality rates will ever be changed for the better.

The President announced that Drs. Suttner and C. A. Smith, of Washington, had a few remarks to make.

Dr. Smith said that King County Medical Society extends to the Oregon State Medical Association an invitation to meet in Seattle in 1909, at the time of the meeting of their own society.

(Concluded in September issue.)

Eastern Oregon District Medical Society.

This Society met at Radium Springs Thursday, July 23rd, 1908, the President, Dr. W. T. Phy, in the chair. The officers of the Society were as follows: Dr. W. T. Phy, Hot Lake, Or., President; Dr. W. O. Spencer, Huntington, Or., First Vice-President; Dr. R. C. McDaniels, Baker City, Or., Second Vice-President; Dr. N. Molitor, La Grande, Or., Secretary and Treasurer. Board of Censors: Dr. Geo. Gregg, Wallowa, Or., term expires 1908; Dr. T. M. Henderson, Pendleton, Or., term expires 1910; Dr. Jacob Prinzing, Ontario, Or., term expires 1909. Committee on Public Health and Legislation, Drs. C. J. Smith, N. Molitor and Jacob Prinzing; Delegates to State Society, Drs. J. A. Reuter and C. J. Smith.

The Secretary, Nicholas Molitor, opened a register of physicians, showing the following in attendance: W. T. Phy, Hot Lake; N. Molitor, La Grande; Henry W. Coe, Portland; E. E. Maxey, Boise, Ida.; L. W. Chilton, North Powder; C. J. Smith, Pendleton; E. B. McDaniel, Baker City; R. C. Coffey, Portland; Wm. O. Spencer,

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Huntington; R. L. Nourse, Boise, Ida.; Carl G. Patterson, Baker City; R. L. Gillespie, Portland; Chas. W. Edmunds, Hood River; C. N. Suttner, Walla Walla; G. A. Pogue, Ontario; J. F. Donnelly, Baker City; A. O. Murphy, Pittsburg, Pa.; J. H. Hubbard, La Grande; C. H. Law, Union; W. T. Williamson, Portland; W. J. May, Radium Springs; E. N. Crockett, Portland; A. K. Higgs, Portland; Roy C. McDaniel, Baker City; Ralph C. Matson, Portland; O. M. Dodson, Baker City; Clarke Saunders, Hot Lake; E. W. Barnes, North Powder.

The minutes of last year were read and approved.

Dr. W. J. May, of Radium Springs, welcomed the Society to his resort and wished them a pleasant and profitable session.

The Doctor called attention to the changes taking place in medical practice made necessary by the enlarging borders of its field of knowledge. Three cities a short time ago were the centers of surgery and surgical practice, while today, every city of ten thousand people is a surgical centre, while splendid surgery is being done in hamlet and vale whenever a competent operator is able and willing to properly equip himself therefor. In a few years more surgery is itself to break up into many specialties, each one to follow out the normal bent of his mind along the line of his best work. Thus men will be confining themselves to surgery of the kidney, surgery of the stomach, surgery of the thyroid, or to one or more special organs, or anatomical regions, with consequently better work therein. These specialties will become as firmly fixed as dentistry is, once a branch of the doctor's work. To these various specialists should be referred their own line of work, the same as nervous and mental work is now universally referred to the neurologist and alienist, these latter being specialists from the domain of general internal medicine.

Dr. W. T. Williamson, in the absence of Dr. T. M. Henderson, responded and stated that we needed to know each other better and thereby were best fitted to do our duty to the profession and the public.

Dr. C. J. Smith then read his paper, "Eastern Oregon From a Climate Standpoint," which will be published in full in the Medical Sentinel. The paper discussed the differences in altitude, humidity, temperature, etc., and the local aptitude of different localities for different diseases.

Dr. Pogue, in opening the discussion, gave a description of the Snake River basin of Oregon. He referred to the fact that the upper soil of that region acted to hold surface impurities from going deeply into the ground, and hence the underlying waters 20 to 40 feet deeper were never contaminated. He had seen but three cases of malaria of local origin. He found men no more nervous, but women much more so than in the middle west, and he ascribed this to the high, dry atmosphere and tension, the cause for much of the nervousness found. Ontario is 2100 feet altitude, and is good for weak lungs but bad for well established pulmonary tuberculosis. In consumption developed locally the course is rapid, one year generally finishing the patient. He called attention to the fact that the wind and sand storms were a blessing, as after the air had been cut by such a storm it became clear and bracing as after a rain storm.

Dr. Spencer, discussing the absence of tetanus and hydrophobia in Eastern Oregon, said he had seen one case, that of his assistant, Dr. Madden, where the cause was said to be an

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exploding railroad rocket, the patient being a railroad man, but as a fact it ensued that the man received the injury on July 4th, while firing a giant firecracker. The ailment developed on the 10th, and the man died on the 12th.

Dr. Suttner reported that in answer to a letter of inquiry the Chicago Pasteur Institute had written him that no case of hydrophobia had been reported from Oregon, Washington or Idaho.

Dr. Matson said the soil of Eastern Oregon must be toxic to tetanus. The incubation of tetanus is from one day to one year.

Dr. Smith, in closing, said that the fact that our soil is not an alluvial but a volcanic ash is in its favor as to tetanus development therein.

Dr. E. N. Crockett read his paper "Surgery of the Thyroid," which will be published in the Medical Sentinel.

Dr. Suttner, in opening the discussion, reported a recent case. Dr. Crile is the master mind on this subject today.

Dr. Coffey referred to a case where the daily newspapers had stated, after one of his operations, under the caption, "Dead. Come to Life, Died Again," that by a stroke of his own skilful knife that a patient, already moribund, had been restored to life, the patient dying again a week later.

Dr. Maxey reported two unfavorable cases of Graves' Disease. He considered Koecher by far the greatest living authority on the subject. Belladonna is the only medicine of any value in the disease. Thyroidectin produced marked effect. Had seen a pulse reduced thereby from 140 to 75.

Dr. Coe said that the growth of medical science was manifested by the transfer of Graves' Disease from the medical to the surgical column. With twenty-five per cent of recoveries under medical care and the much greater number under surgery, the transfer was correct to the surgical column. There should first, however, always be a trial of medical means. He was proud of Oregon and the Northwest to see that it has men like Dr. Crockett able to handle cases like these in our own country.

Dr. Crockett, in closing, said that it was not difficult, and in many cases might be advisable to peel out the gland, leaving a portion at least of the capsule.

Dr. R. C. McDaniel read his paper (published later) upon "Operative and Post-Operative Treatment."

Dr. W. O. Spencer, in opening the discussion, remarked that careful after treatment meant a saving of one-half in death losses. Urged minimum of anaesthetic and haste in operation; operator should have everything ready for the operation before beginning. Patients judge the surgeon, not by the operation, which they do not see, but by the after treatment of pain and discomfort, which they do feel.

Dr. Nourse criticised assistants. Had known of a case in the practice of a great surgeon whose name was given, where patient was weeks recovering from strain of hips from too violent flexure of thighs or abdomen in case of a minor uterine operation, and where the surgeon never knew what discredit he had received through the act of a bungling assistant.

Dr. Coffey opposed a doctor as an anaesthetist, and preferred a specially trained nurse.

Dr. Crockett commended the use of a dose of morphia as routine after operations.

Dr. Suttner commended the electric sheet under patients in operation to maintain warmth and referred to the more often condition of the patient in being wet and cold as specially objectionable.

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Dr. C. J. Smith urged the adoption by all surgeons of the advice of Bernay's Golden Rules of Surgery.

Dr. C. W. Edmunds urged the preliminary employment of suggestion in quieting the patient.

Dr. Williamson emphasized the necessity for gaining the confidence of the patient by predicting the worst pain likely, but minimizing its importance.

Dr. W. J. May vigorously opposed the routine use of morphine, saying that this drug produces intestinal stasis and consequently afforded conditions favorable to gas formation and pressure on field operation in abdominal cases.

Dr. Coe spoke of the noise always present in any institution for the insane where morphia or any substitute therefor is employed; that in travel through institutions in this country and abroad he had come to be able from the noise and restlessness manifested to tell whether hypnotics, anodynes, and narcotics were employed. From his own experience in the old Portland hospital, with the patients of surgeons who used morphine and those who did not, he had formed a decided prejudice against morphia in such cases.

Dr. Gillespie believed that a single dose of one-fourth of a grain of morphia after operation and before the patient had recovered from the anaesthetic was good routine practice. While doing surgery in former days he had found a quiet, assuring talk previous to the operation to be very valuable. While a noisy house is incident to the routine use of drugs, cases do occur among the insane where an occasional dose of a sedative is indicated and sometimes this in a considerable sized dose or doses.

Dr. Maxey favored the morphia. His partner opposed it, but without the knowledge of his partner he had ministered morphia to several ca lately and his associate had remar at the fine post-operative condition these patients.

Dr. McDaniel thanked the soci for its kind reception of this, his f paper.

Dr. W. T. Phy, President of the ciety, then read his address, "T Local Medical Society," published e where in this issue.

The paper met with hearty rec tion, and was frequently applaud but on account of the now lateness the morning session, the President nounced that no discussion could had of the paper, but that the Soci would be adjourned to the banq which had been prepared at Radi Springs by Dr. May in honor of occasion.

The Menu was as follows:

Salpicon of Fruit

Tomato Soup Crisp Cracker
Radishes Queen Oli

Salted Almonds

Radium Springs Speckled Trout

Cold Slaw

Roast Saddle of Mutton

Potatoes Green P

Supreme of Chicken

Asparagus Tip Salad, French Dress

Cheese Straws

Marshmallow Pudding a la Stanle

Burn Walnut Bisque

Meringues Glaces Nut Macaro

Rocks

Crackers Cheese

Cafe Noir

Following the banquet an hour interchange of pleasantness ensued which the kindly sentiment and app ciation of Dr. May and his estima wife for their successful efforts make the visitors happy at Radi Springs was everywhere marke manifest.

On resuming labor, Dr. Ralph

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Matson presented his paper on Human and Bovine Vaccine in the Treatment of Pulmonary Tuberculosis."

Dr. Maxey, in opening the discussion, said he thought every young practitioner should thoroughly understand the opsonic index.

Following the paper there were several inquiries made of the writer, which, in closing, Dr. Matson answered.

A vote of thanks was carried by rising vote to Dr. and Mrs. May for the great kindness shown the association, for the housing of the Society and the banquet so bounteously provided.

Dr. A. K. Higgs read his paper, "The Relations of the Tonsils and Adenoids to Middle Ear Disease," to be published later.

Dr. Edmunds opened the discussion commending the paper in every way. He referred to his own use of instruments to remove the tonsils and preferred a very thorough removal of the whole gland in most cases.

Dr. Nourse reported a series of typical adenoid deafness cases where almost perfect recovery had followed operation on adenoids.

Dr. May thought the finger the best instrument for removing adenoids.

Dr. Hogue reported good results in cases he had discovered in the routine duties of his office on the school board, where cases discovered had been operated on by himself.

Dr. Williamson said that commonplace people were often commonplace because they had not been operated upon for adenoids while young.

Dr. R. C. McDaniel urged the use of Conc. Lactate three or four days before operation to insure against excessive hemorrhage.

Dr. Gillespie urged upon all to bring this question home to school boards and the public. The value of perfect hearing is too important to permit ignorant parents to rob their children of even a fraction thereof by lack of knowledge on this subject where obstructive adenoids exist.

Dr. Higgs, in closing, advised use of snare and coarse wire for tonsils. Large adenoids are not granulations but hypertrophies. To scratch an adenoid with the finger might make it bleed, so would it make a hemorrhoid bleed, but in neither case was it scientific or effective treatment. Was opposed to adrenalin as secondary hemorrhage is liable with its use a half hour later.

Drs. Patterson and E. B. McDaniel were appointed a committee to have published in the state press the paper of Dr. C. J. Smith, of last year's session, on "The Common House Fly."

The following new members were then elected to membership: Leo. W. Chilton, North Powder, University of Minnesota, 1903; F. W. Whitney, Elgin, Toronto Medical, 1905; David Robison, Mosier, Harvard, 1906.

The following honorary members were elected: R. L. Nourse, Boise; R. C. Matson, Portland; C. N. Suttner, Walla Walla.

The following officers were then elected for the ensuing year: President, Dr. Wm. O. Spencer; First Vice-President, Dr. Leo. W. Chilton; Second Vice-President, Dr. F. W. Whitney; Secretary-Treasurer, Dr. R. C. McDaniel; Censor (five years), Dr. O. M. Dodson; Delegates O. S. S., Dr. E. B. McDaniel; Dr. Nicholas Molitor.

On motion, $120 was voted the Secretary to pay for revising and completing the records of the Society and looking after the year's business in a thorough manner.

On motion, Pendleton was appointed as the place for the next meeting.

Meeting adjourned.

NICHOLAS MOLITOR,
Secretary.

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Personal

Oregon.

Dr. S. M. Strohecker has moved from Hermiston to Portland.

Dr. Edwin W. Rossiter has moved from Portland to Bandon.

Dr. I. W. Starr, of Brownsville, visited in Albany last month.

Dr. Chas. Newth, of Philomath, has just purchased a small farm.

Dr. Stewart, of Glendale, visited his old home in Iowa last month.

Dr. Leo Clifton has removed from Canyon City to North Powder.

Dr. R. H. Jenkins, of Mitchell, was a visitor in Portland last month.

Dr. J. E. Shearer, of Roseburg, spent two weeks at Seaside last month.

Dr. C. E. Saunders, of North Powder, visited in Idaho last month.

Dr. E. B. McDaniel, of Baker City, went to Dallas, Texas, last month.

Dr. R. G. Gale, of North Bend, was a visitor in Portland last month.

Dr. A. B. Starbuck, of Dallas, went to Newport to cool off last month.

Dr. and Mrs. C. E. Linnton, of Astoria, are in Portland this month.

Dr. W. O. Prosser, of Eugene, has returned from an outing at Newport.

Dr. W. O. Prosser, of Eugene, spent some of the heated term at Newport.

Dr. J. V. Morris and family, of Corvallis, visited near Albany last month.

Dr. Roy McDaniel, of Baker City, spent some of the heated term at Cove.

Dr. S. C. Brown, of Scio, has returned from his three months' eastern trip.

Dr. Lulu Marquam, of Eugene, t her vacation at Newport this sumn

Dr. E. E. Goucher, of McMinnv has returned from his trip to Cali nia.

Dr. and Mrs. A. Stark, of Alb spent several days last month at cadia.

Dr. R. R. Hamilton, formerly Medford, is now practicing at Klam Falls.

Dr. B. F. Devore, late of San F cisco, has opened offices in Gr Pass.

Dr. W. G. Cole and family, of dleton, have gone to the coast fo month.

Dr. A. L. Houseworth, of Marshf was in Portland the fore part of month.

Dr. and Mrs. R. E. L. Steiner Salem, visited friends in Dallas month.

Dr. C. T. Bacon, of La Grande, called to Huron last month to s patient.

Dr. D. W. Ward, of Forest Grove, been visiting his son at North H Harbor.

Dr. J. B. Morris has located in vallis. Dr. Morris comes from P sylvania.

Drs. Fitzgerald and Fairchild Gervais, spent a week last mont the coast.

Dr. T. M. Henderson, of Pendl was calling on his friends at LaGr last month.

Dr. H. L. Houston and family Bandon, have returned from their fornia trip.

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Dr. J. H. Jessen and wife, of Dayn, spent a day or two in Portland t month.

Dr. William O. Spencer, of Huntingn, made a professional trip to Durkee t month.

Dr. Chas. H. Law, of Union, was led over to the Wallowa country t month.

Dr. Louis Pfandhoefer and daughter, Falls City, were visitors in Dallas t month.

Dr. F. Brosius, of Hood River, went The Dalles last month on a profesnal visit.

Dr. F. W. Vincent, of Pendleton, ent a few days last month at Wena Springs.

Dr. John A. Reuter, of The Dalles, nt to Moro last month to assist Dr. J. Goffin.

Dr. S. P. Bittner, of Gresham, broke arm last month while handling a ctious horse.

Dr. D. A. Shoun, of Virginia, has tered into partnership with Dr. Jens at Mitchell.

Dr. M. H. Ellis, of Albany, has been proving his property by building ne sidewalks.

Dr. Thomas W. Hester, of Jacksonle, recently spent a few days at ldwell, Idaho.

Dr. Herbert C. Miller and family, of rtland, are spending part of the sumr at Mt. Hood.

Dr. Willard Smith, formerly of La nde, has located permanently in oenix, Arizona.

Dr. W. H. Devore, of Canyonville, s called to West Fork last month visit a patient.

Dr. Fred R. Bowersox, of Ashland, has gone on a vacation, and will not return until fall.

Dr. T. W. Harris, of Eugene, was called to Corvallis last month on professional business.

Dr. E. V. Hoover, of Roseburg, was called last month professionally to North Deer Creek.

Dr. R. R. Hamilton, of Klamath Falls, was calling on his Portland friends last month.

Dr. R. E. Golden has moved to Marshfield and associated himself with Dr. McCormac.

Dr. L. A. Bollman, of Dallas, was recently appointed First Lieutenant of Company H, O. N. G.

Dr. W. S. Johnson, of Bonanza, is having some extensive improvements made to his residence.

Dr. D. A. Cathey and family, of Corvallis, are spending a few weeks in camping this summer.

Dr. Chas. Hines and wife, of Forest Grove, have been visiting Mrs. Hines' parents near Jacksonville.

Dr. H. P. Hargrave and family have returned to Medford, after several weeks' visit at Winnipeg.

Dr. H. S. Garfield, of Pendleton, and family are camping during the summer at Lehman Springs.

Dr. A. L. Houseworth, of Marshfield, was one of the party that went on a hunting excursion last month.

Dr. and Mrs. R. A. Jayne, of Springfield, spent a month at Hood River, looking after his land interests.

Dr. H. S. Garfield and family, of Pendleton, are spending some part of the summer at Hidaway Springs.

Dr. J. P. Wallace and wife, of Albany, left last month for the coast, where they will spend a few weeks.

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Dr. and Mrs. F. H. Coffeen, of North Yamhill, visited Mrs. Coffeen's parents at Forest Grove last month.

Dr. A. L. Houseworth, of Marshfield, had a deer hunt with some friends last month on the North Coos River.

Dr. R. D. Burrow, of Burns, has returned after an absence of several weeks in British Columbia and other points.

Dr. John A. Reuter and sisters, of The Dalles, spent ten days last month at Jacksonville and Medford, visiting relatives.

Dr. F. A. Lieuallen has moved to Pilot Rock and taken up the practice of Dr. Parker, who has moved to Pendleton.

Dr. H. J. Minthorn, of Newport, had his house visited by a sneak thief last month, who took some of the doctor's loose change.

Dr. W. Kuykendall, of Eugene, started early last month with some friends on a camping expedition at Triangle Lake.

Dr. George Wall, of Eugene, went last month to Minnesota and incidentally visited tne hospital of the Mayo Bros. at Rochester.

Dr. R. H. Jenkins, of Mitchell, is erecting a new two-story structure for an office building. The doctor visited in Portland recently.

Dr. George E. Dix, of Marshfield, spent a part of last month with some friends trout fishing on the north fork of the Coquille.

Dr. A. J. Prill, of Scio, was a Portland visitor last month. The doctor went on a two weeks' outing trip to Marion Lake recently.

Dr. J. C. Twitchell, on account of the fire in the Abington building, has removed to the Swetland build Fifth and Washington streets.

Dr. L. L. Tuax, who has been l ing after the practice of Dr. Br at Scio for the last three month talking of locating at Klamath F

Dr. H. E. Beers, of Wasco, has appointed a delegate to the inte tional congress on tuberculosis t held in Washington, D. C., in Sep ber.

Dr. A. J. Giesy, of Portland, been writing to his friends here the Fiji Islands. Dr. Giesy rep all of his party has been in exce health.

Dr. K. A. J. Mackenzie, of Portl made a pleasant trip last month t Grande, and the resident doc showed him over the surroun country in an auto.

Dr. and Mrs. Chas. Hines, of est Grove, have returned from sev weeks' visit at Jacksonville. Hines will represent his county in next session of the legislature.

On account of the recent fire in Abington building, **Dr. Wm. Jones** removed his offices to the Gerli building, Second and Alder str **Dr. J. S. Stott** has also remove the Gerlinger building.

Dr. F. W. Van Dyke, of Gr Pass, has recently been entertai his brother, Prof. J. C. Van Dyk Rutgers College, New Jersey. fessor Van Dyke is well known delightful writer on the fine arts

Drs. E. E. and B. C. Ferguson The Dalles, left on the 25th ult Quebec, whence they sail for L pool, England. They will be away months visiting the largest cities capitals of Europe, and will s some time at the more important ical centers.

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Washington.

Dr. R. S. Johnson, of Pomeroy, has one east on a visit.

Dr. Geo. W. Hoxey, of Leavenworth, as taken a much needed rest.

Dr. S. Wilhelmy, of Cincinnati, has pened an office at Wenatchee.

Dr. Chas. J. Taft, of North Yakima, isited friends at Wapato last month.

Dr. J. F. Miller and family, of Oakesale, have gone to Missouri on a visit.

Dr. J. W. Thomas, of Seattle, visited ast month with his parents at Salem, re.

Dr. and Mrs. B. Godfrey, of Chehalis, pent several days at South Bend last onth.

Dr. W. S. Wallace, of Tekoa, went n a fishing trip last month with some iends.

Dr. and Mrs. A. R. Gould, of Kent, sited friends last month in Sedro-Voolley.

Dr. Percy M. Claine has joined Dr. cRae, of Hunters, in the practice of edicine.

Dr. C. E. Grove, of Spokane, has just ought a farm of 160 acres as an inestment.

Dr. C. P. Gammon, of Walla Walla, ok his family to Loon Lake to spend e summer.

Dr. A. G. Smith, of Bossburg, is aking a specialty of growing alfalfa n his farm.

Dr. and Mrs. P. L. Opsvig, of Evert, spent two weeks last month at ake Chelan.

Dr. E. L. Carlson, of Tacoma, is aking an extended trip through the astern States.

Dr. Thomas Tetreau, of North Yakima, is on a trip to Boston and other Eastern points.

Dr. J. Van Winkle, of Oakville, spent a few days last month with his family at Tacoma.

Dr. John H. Dumont, of Centralia, was called to Oakville last month to look after a patient.

Dr. E. B. Olmsted, of Spokane, has been elected president of the State Board of Medical Examiners.

Dr. James C. Snyder and **Dr. Frank M. Carroll,** of Seattle, are both candidates for the office of coroner.

Dr. Kenneth B. Turner, of Seattle, has been chosen secretary of the State Board of Medical Examiners.

Dr. and Mrs. J. L. Harris, of Pullman, are taking a two weeks outing at Sullivan lake in Stevens County.

Dr. Kloeber, of the Green River Hot Springs, went with a camping party last month, to the Mt. Adams country.

Dr. Chas. C. McCown, of Prosser, is resting for a few weeks on his ranch on the Columbia river in Clarke County.

Dr. and Mrs. Thomas Primmer, of Centralia, have been spending some of the heated term with friends in the woods.

Dr. Isaac N. Power, of Cle Elum, has been on the sick list for some time, but has been taking treatment at the Hot Springs.

Dr. and Mrs. W. O. Schmidt, of Edmonds, gave a dinner party last month to twenty-two friends, all of whom were old residents of Huron, S. Dak.

Dr. W. T. Schwabland, of Loomis, while traveling along a lonely road recently on a visit to a patient, met a bear. The bear was as much afraid as the doctor was.

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Dr. John S. McElvain, of Anatone, was accidentally shot in the cheek recently by a neighbor who was shooting at a chicken. It is hoped that no serious results will follow.

Idaho.

Dr. F. E. Brown and wife, of Council, were visitors in Weiser last month.

Dr. J. F. Adams, of Pocatello, has recently returned from a tour of Eastern cities.

Dr. Orvis L. W. Hall and family, of Star, are spending several weeks in the mountains.

Dr. Truman O. Boyd and family, of Twin Falls, made a short visit to Milner last month.

Dr. F. P. Matchette, of Wardner, made a professional trip down the river last month.

Dr. and Mrs. W. C. Hummell, of St. Anthony, have returned home from their Eastern trip.

Dr. J. H. Shepherd, of Coeur d'Alene, was married recently and has returned home to his practice.

Dr. A. F. Isham, of Caldwell, passed through Weiser last month on a trip to the upper country.

Dr. W. B. West, of St. Anthony, is making extensive improvements on his home this summer.

Dr. A. Adair, of Moscow, left last month for Chicago, where he will take a post-graduate course.

Dr. L. E. Hansen has commenced the practice of medicine in Wallace. The doctor is a graduate of the medical department of the University of Pennsylvania.

..**Dr. S. T. Collins** and wife, of Burke, have just returned from a trip around the world. While in Paris they the pleasure of meeting Dr. E. E. of Seattle, in Rouen; Dr. E. E. and wife of Portland, and in Na Judge Beaty and wife of Boise, were very pleased to meet them. had a very pleasant trip, but are to be home again.

Montana.

Dr. L. C. Bruning, formerly of I City, recently attended the reuni the Spanish-American War Vete at Anaconda.

The Winning Fight Against Cons tion.

John B. Huber, of New York, an excellent summary for the p of the causes of tuberculosis and best methods for the public in bating it. Education is most im ant. The support of Boards of H in their endeavors to suppress disease is also important. In work everyone should and may a Medical Record.

If a patient persists in ru evening temperatures which cann accounted for after a thorough p cal examination and blood exa tion, one should place the patie increasing doses of the iodids, fo fever may be due to an old sypl infection.—American Journal of ery.

To determine how soon a pat mucous membrane, e. g., of the n of the urethra, becomes insen after the application of cocai other anesthetic, the surgeon ma ploy the device of touching a lit the same solution to his own to just after the application to th tient.—American Journal of Su

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MEDICAL SENTINEL

SEPTEMBER
1908

Volume XV **Number 9**

Notes

A contract for the erection of a Sanatorium for consumptives has been let by the British Columbia Anti-Tuberculosis Society. The building, complete, will cost about $100,000.00. It will be located at Tranquille.

An addition to St. Peters Hospital at Helena, Montana, is being constructed at a cost of $75,000. Plans for the building were drawn by Cass Gilbert, of New York, who was the architect for the new Minnesota State House and also for the new Custom House in New York City.

Efforts are being put forth in British Columbia to secure amalgamation of all Western Medical Associations, with the object of the formation of one united Medical Association from the Great Lakes to the Pacific Coast. Our Canadian friends generally secure what they go after, and we may expect that they will succeed in this project.

The city authorities in Butte are following the example of those in Portland. They are requiring all doctors to take out a license and certificate. No one can take such certificate or license who does not possess authority to practice from the state of Montana, issued by its Board of Medical Examiners. This will undoubtedly be effective in preventing those from practicing who would seek to do so without authority of law.

Physicians from the three counties of Bonner, Shoshone and Kootenai met at the Hotel Idaho on August 10th, at Coeur d'Alene, and organized a medical association. At the election of officers Dr. Sears, of Wallace, was made president; J. Hunt Shephard, of Coeur d'Alene, vice-president, and O. F. Page, of Sandpoint, secretary and treasurer. Dr. Alex Hunter, of Coeur d'Alene, was selected as a delegate to the state association meeting at Boise in October.

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Editorial Notes

Do Young Doctors Lack Qualifications?—Portland Telegram: It is said that the "ins" are trying to keep out the "outs." As to the "ins," they are putting it all on the examinations and allege that the failures are entirely due to lack of ability of those examined to stand the examinations. The "outs" are saying that the examinations include spelling, punctuation, English, the way the papers are gotten up and things that are more or less extraneous to the real things at issue.

There is the local medical college, for instance, whose standing comes very largely, if not solely, from the advertised fact that it is the medical department of the state university, which it is somewhat less than more, because it is, after all, a private institution, not a state institution. But of the gleeful graduates from the medical college twelve attempted to get state certificates so that they might begin to practice their profession within the state of Oregon. Of these only three passed. It is a well known fact that the doctor, as a rule, is best able to stand such an examination immediately after his graduation, for then the theory of medicine is clearest in his mind. But 75 per cent of them failed.

Now, it is being said that the examiners are prejudiced, that they will not allow more than a certain number to begin business here, and that they arbitrarily hold down the list. This is a serious charge. Are those young men fully qualified to begin the practice of medicine in this state? It is supposed that they are when they get their sheepskins from the medical college. If they are not they have a real grievance against the college, or those who run it for their personal profit. If, after paying the money, they are permitted no way negotiate the knowledge for which they have paid where do they get o and what right have they to a ploma?

Either the college falls short what should reasonably be expect of i t, or the Board of Medical Exa iners are a set of ogres who are t ing to keep good men down. The is a growing curiosity as to whe the fault—if there be a fault—li but the speculation so far has dev oped very little satisfying inform tion. Meantime the young graduat have the worst of it to a very libe degree, and it is surprising that th have accepted an intolerable situati with so much philosophy.

A Public Office Is a Public Trust. In the language of one of the greate statesmen this country has produced Grover Cleveland—a public office is public trust. The attitude, therefo of a member of a Medical Examini Board who assumes the high and lof position that it is nobody's busine whether he rejects medical studen or not, is a state of affairs which w not last very long in any country, a certainly not in Oregon.

Syndicating Medical Meetings.—Th is one of the modern methods of a vanced "advancing" upon any locali for some "general push." We happ to have it on now in the Pacific Nort west. Pretty strong, too.

Medical State University.—In o last issue we made an error where we stated that six of the sixteen gra uates of the State University h gone up for examination and but thr of those passed. As a matter of fa

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there were eight of these students instead of six who were examined, with three passing. Willamette University had one pass, out of four applicants. The man who passed was rejected on a previous occasion, but had taken a course at Cooper Medical College, and coming up for a second examination, passed considerably above the average.

A Discreet Surgeon.—If the non-operator in the profession is bound to take his work to Portland for surgery, let him select, if he must have a commission thereon, some surgeon who is discreet enough not to advertise this division of fees. There are a dozen surgeons in Portland who are at least as skillful in surgery as the great advertiser, in "ten thousand lots," and among this large number some can no doubt be found who will "do as well." Again, you will not be open to the jokes of your friends.

"Surgeon H. W. Coe."—We trust our readers may note in the current press the appointment of "Surgeon H. W. Coe" as an officer of the Astoria Regatta for 1908, on the staff of Admiral Shepherd. In order that the surgical section of the profession may not be too severely startled by this announcement of another Richmond in the field, permit us to hasten to say that the duties of said surgeon were confined to minor work only upon the unarmored and unarmed cruiser, the Anna Belle, for the brief term of three days, while in the placid waters of the City by the Sea, August 27-30. It's already all over.

W. S. Abbott Attempted Destruction.—If there ever was a man against whom a deliberate and cold-blooded plot has been hatched to destroy him, root and branch, professionally and financially, the victim is Dr. W. C. Abbott, of Chicago. The most humiliating thing to the doctors of the land must be to know that they themselves, through their own Journal, are paying the bills for this scandalous procedure.

The Health of School Children.—An effort has been made to secure in Portland the appointment of school inspectors who shall be licensed physicians to go through the public schools at certain times, examine the children, and make recommendations as to treatment that they should have. Many children, especially those of the poor, suffer from slight troubles which, if treated at once, would be speedily removed. These affections interfere a great deal with the health of the children, and with their capacity for study. There has been some opposition on the part of some Portland newspapers to any examination of children by physicians in the public schools on the theory that the public authorities were thus usurping the functions of parents at the expense of the taxpayers; but, after all, this will only be a slight shifting of work which costs money, from the shoulders of the poor to the shoulders of those who are best able to pay. The appropriation recommended for this purpose is only $900 per year, which is a very small sum, and if Dr. Pohl is successful in getting this measure through, she is to be congratulated.

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this and can be depended upon to swiftly and unerringly wipe out one of the most cold-blooded wrongs of the times.

The Medical Sentinel does not know where the trouble is. It sees the wronged student, the discredited college and the disturbed alumnus, and a criticised Board of Examiners. It desires to place the facts, and the facts only, on record, that justice may be done those who apparently are wronged by some one.

It is doubtless known to many physicians as it is to us, that you hold certain Portland Medical College professors responsible for your rejection for membership by the Medical Academy, and also the social club, and it is thought natural that you should feel somewhat bitter toward them. It therefore seems to us as though you have a special reason to exert yourself in securing for us for publication the questions and answers made by the three University of Oregon graduates rejected by you recently. Their names can be withheld. This is the crux of the whole situation.

The questions should be examined as to reasonableness, the answers as to scholarship, and the markings as to fairness.

Yours truly,
MEDICAL SENTINEL.
By HENRY WALDO COE, Editor.

NO ANSWER.

THIRD LETTER.

August 19, 1908.

Dr. R. C. Coffey, Portland, Oregon—

Dear Sir: Some days ago we sent you a second letter, pointing out your own interest in helping us to clear up the present unsatisfactory relations, in re Examining Board and Oregon medical colleges. We noted in the Oregonian your visit to another city and surgical work there, which would prevent an immediate answer, but as you have been home some days we again write asking you if you are procuring for us the questions and answers of the three University of Oregon students recently rejected by your board?

We are very anxious to get this matter at once, in order to use the same for the coming September issue, which we would hope to make therewith an extremely attractive and readable issue.

May we ask you if the matter is to be sent us at once?

THE MEDICAL SENTINEL,
By HENRY WALDO COE, Editor..

STILL NO ANSWER.

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THE ACCURSED HAND OF ISHMAEL

The man who will, in order to demonstrate his own surgical skill, publish to the lay world some unfortunate blunder of a professional brother, certainly possesses some of the characteristics of that daughter of Hagar, who was sent away into the desert with her son Ishmael, of whom afterward it was said "his hand was against every man."

"SPONGE IN ABDOMEN."

An article in a Portland daily, which was "front page, top of column, scare head, next to pure reading," told how this surgeon (with some local filling) had opened the abdomen of the woman and discovered that another surgeon a year before had in closing a wound left in the abdomen a sponge, which now was removed.

This statement has already been made a text against the medical profession by some of the anti-medicos, and will doubtless be used by them for a decade or two. It was also made an enclosed double-leaded special on the front page of at least one other daily, and on another occasion made the subject for editorial discussion, in which while it was stated that while this particular case of mistake was not made by an Oregon doctor, "there have been authentic stories of just such carelessness on the part of physicians here," which, it went on to say, was a "shock to the confidence which people are wont to have in doctors."

A VICTIM OF RUMOR.

A prosperous country town in Oregon has several doctors. They are very friendly with each other. They have a working understanding, and all are loyal to the ethical code. One of them, the newest comer, had a surgical case which, for various reasons, it was required to bring to Portland for operation. There was haste about it, or he would have consulted with his local confreres as to which surgeon to take it to. He brought it to a certain operator, partly because he had seen home good advertising for his place. He returned home, and his brother physicians asked him about his trip to Portland. He told them—told them where he had been, and who operated on the case. They asked him how much he had received—and it looked as though there was a covert sneer in the tones they used. He did not understand what they meant.. They told him that it was the regularly understood thing that fees were divided by this doctor, and that was the reason why they made the inquiry.

COMMISSIONS AND DIVISION OF FEES.

Until our hint of last month regarding the division of fees we had no idea of the troubles which this process entails upon members of the profession.

We were mildly, at least by inference, criticising the system, but

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enough has been demonstrated to us to show that the leading exponer of this method has "crowded the mourners" so that many other goo surgeons are likewise compelled to employ the same method or los a large amount of surgical work. The high-toned art of surger has, in so much, been placed upon the platform of a trade here i Portland. By keeping the fees to the highest notch in cases wher there is supposed to be addition, division and silence, competitiv cases can be taken at fees absolutely nominal.

A WAIL OF WOE.

Instead of there coming to us a host of denials of participation i division of fees from those who are well known to take surgery t the surgeon referred to, there does come to us, on the other hand, wail from several quarters that the settlements have not been at a satisfactory. That there is too often "extras" charged and othe "specials" which when the man who has steered the case comes fo his "mun" there is less coming than he has deemed due him. Ther seems to be much bitterness over this matter.

Another matter subject to complaint is that the patient has ofte settled with the surgeon, while the man who has done the essentia thing has gotten a long stand-off. Some are still waiting.

In cases of this kind a rock-ribbed contract should be entered into Either this, or the cases should be taken elsewhere where equall large commissions will be allowed, and the "mun" be at once forth coming.

A MODEL CONTRACT.

Whereas, having especial confidence in the (recite virtues) of Dr TEA, the undersigned, Dr. PEA, does hereby agree to bring to sai TEA all PERSONS upon whom surgical operations may readily b done who come within the purview of PEA, and to assist in ever way possible the said TEA in arranging at a reasonably high pric compatible with the financial ability of the said PERSONS for suc surgical treatment as may be readily done. Said PEA also agrees t ASSIST said TEA, based upon which the ethics of the A. M. A. s far as the letter of the CODE is concerned must appear to be strictl and impartially maintained between the said PERSONS and th parties hereto.

PROVIDED FURTHER, that the division of the fees receive from all such PERSONS shall be divided between TEA and PEA upon the following commission terms (recite agreement, usually 5 per cent. above net income).

IT IS FURTHER PROVIDED that all bills shall be collecte by PEA, who alone shall have the right to receipt for such services and that promptly upon the day the said "mun" is received PEA agrees to convey the same or remit by draft on Portland, for the sum due TEA on each and every case coming under the provisions of thi agreement.

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In testimony whereof the parties hereto have set their hands and seals this (blank) day of (blank) A. D. 19...

.....
.....

Witnesses

.....
.....

In the place of the fictitious names TEA and PEA should be introduced the real names of the contracting parties. A contract like this could be enforced in a court of justice, which would save a vast amount of dissatisfaction which is being reported to us under the present "Gentlemen's Agreement," so-called.

Guest—"See here, you fool! Don't you see what you have done?"
Waiter—"What's the matter?"
Guest—"You have poured a cup of tea down the back of my neck!"
Waiter—"What do you want? Coffee?"

COMPLAINTS AGAINST COFFEY.

Let the Medical Sentinel, once for all, condemn the method of several persons unknown, who have written articles directed against Dr. Coffey, seeking to defame the individual in a scandalous manner, and to which anonymous signatures only have been attached. We say defame, because it appears to us as though there is more likely a large amount of base and groundless statement in any matter submitted, where the writer is not willing to sign his name thereto, not necessarily, however, for publication. If anyone desires to write us, giving facts, names, dates, etc., and desires that the name of the writer shall be withheld, we shall certainly hold such communications as privileged and confidential.

Quite different than these anonymous things—we can call them nothing better than "things"—are the letters received upon the Coffey question, the Coffey Congress, etc., in which physicians have freely criticised that individual. In fact, in many letters and statements received by us about our last issue, all have been in criticism of the aforesaid gentleman, among other things specially criticised being his well known habit of dividing fees and cutting prices. In two cases, the complaint is that the division was not fairly made according to agreement.

THE COFFEY MEDICAL COMBINE.

In our last issue we discussed the Coffey Medical Congress of Portland. That combination of medical lights under the general ban-

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ner of Coffeyism. "All for One, One for All, Each for the Othe All Together," is an inspiring war cry to the new recruit for th "Combine." But, alack and alas! there is apparently a growing fee ing upon the part of some that the working motto is "All for On One for Himself, 'Rah for Coffey!" That is probably the reason th several who have had some sort of tie up, partnership or what-n during the past with the tall North Carolinian have one by one d serted him. His Congressmen get in upon the various programs, an perhaps he thinks that enough.

"AINT NO LATIN FOR 'KNEE-JERK.'"

It is told—of course, it is a joke—that at the late meeting of th State Medical Examining Board of Oregon, a student who had a rived in Portland but three days before, direct from Europe, wa being examined. He had been seven years in practice, had but limited knowledge of English, although his knowledge of Latin wa somewhat more extensive.

There occurred a question in one of the papers which used th term "knee jerk." This student from abroad went to one of the mem bers of the board and informed him that he did not understand wh was sought in the term "knee-jerk," which is an English colloquialism After seeking to secure some other expression for the symptom, th student asked the man in charge that the Latin name of the expressio should be given him, and received in reply the statement, "Ther ain't no Latin for 'knee-jerk.'" Needless to say, this student passe the board, although in some 23 recent graduates from the Orego schools, three only secured the certificates of the board. The other deemed it prudence to remain away, or, going, were plucked.

THOSE WRONGED STUDENTS.

In our last number we spoke of the wrong being done the medica students who have saved, scrimped and worked for four years t secure a right to come before the state medical examining board fo a certificate to practice medicine who are being turned down. Tha the wrong was inflicted by the college or the examining board. Tha it was a disgrace falling upon the colleges, the alumni and the stat That at this range it did not look as though the blame was altogethe with the colleges. That the Medical Sentinel would investigate an report to its readers.

We have asked the Secretary of the State Examining Board for copy of the questions, with the answers of the three state schoo students who were rejected, not asking for the names of the student but up to the time of going to press the same is not forthcomin from the said secretary. We are, therefore, obliged to put this mat ter off until we have gotten fuller information. We are now goin after it in another way.

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SEEMS A PLAIN CASE.

A Remarkable Surgical Case—Two Feet of Medicated Gauze Taken From Intestine of a Patient.

Mrs. S. H. Elliott, of this city, was taken to Albany last Saturday suffering intensely from obstruction of the bowels. An operation was performed at St. Mary's Hospital by Dr. R. C. Coffee, of Portland, and others. There was found in the smaller intestines a piece of medicated gauze such as surgeons use, four inches wide and twenty-four inches long. It was so packed in as to cause a complete obstruction of the bowels. A year ago last June she underwent a severe operation in Oklahoma, and it is supposed that by the carelessness of the physicians this gauze was left in the lining of the stomach or some place in the abdominal cavity, but just how is quite a mystery. It is a very strange and unusual case, but **there can be no mistake about it, as the operation was attended by four physicians and two trained nurses, all of whom saw the gauze removed from the intestines.**

She is now getting along nicely, and seems to be on the road to complete recovery.—Lebanon Criterion, Aug. 12.

With testimony like this, six witnesses in all, the Criterion has undoubtedly made out its case. The people about Lebanon will be glad to know the woman under such treatment is recovering, and will not soon forget Dr. Coffey for his splendid skill. Twenty-four inches long, too! This remarkable case is reported like another private case under Dr. Coffey's care, where Dr. Coffey cut a thyroid constriction with relief to the patient, which a Portland daily recorded as

DEAD
CAME TO LIFE
DEAD AGAIN.

BOTH ENDS AGAINST THE MIDDLE.

We have been told that a Wise Surgeon whose Remarkable Case was exploited before the public took the other end of the programme and went to the profession explaining how it didn't happen. It was a case of coming and going. Both ends against the middle. You can't keep a good man down!

OBSTACLES

Physicians in supposedly good standing are to be found in almost every city of any size who are willing to lend themselves to criminal

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practice. The unfortunate girl who desires to be relieved of the consequences of too easy virtue does not have to travel far to find a physician ready to assist her. So long as the operation is fairly successful—so long, in fact, as the victim does not die—nothing more is heard of it. The parents, even, of the girl are liable to be pleased over the final result of an unfortunate slip; and even though the girl may suffer in after years from the effects of the unnatural operation nobody is the wiser, and the physician maintains the respect of his fellows, who know nothing as to what he has done. It is when the girl dies that the fuss is made. Then the parents of the girl grow indignant and sign complaints before the district attorney, and the physician is brought to justice. A trial is had, the defendant is very liable to be found guilty, and is duly and properly fined.

Under the laws of this state, a physician who is convicted of such an offense can be precluded from practicing medicine in this state. It is the duty of the state board in such cases to revoke his license forthwith. It all looks easy. But while the generally accepted theory is that a man is presumed to be innocent until he is proved to be guilty, the leniency of the law goes still further. He is apparently considered to be innocent until he has exhausted all the appeals that he can find money to take. After his conviction he takes an appeal to a higher court, which ordinarily takes a great many months to perfect. Woe to the state board that seeks to revoke his license while such an appeal is pending. He is still presumed to be innocent. If he gets an idea that the state board is contemplating taking his license away, he forthwith gets an injunction, restraining any such conduct on their part. So he continues to practice while the weary proceedings go on of appealing to higher courts, and arguing the same. Then, after his appeal is argued, after the lower court is sustained (which it is not likely to be if a juror closed his eyes at the wrong time) can the license be revoked? Hardly yet. The defendant will want a rehearing before the Supreme court, and it will take several months for him to get that. In not one case in ten does a re-hearing amount to anything, except that it gives the criminal more time. By this time we will have changed district attorneys, and the man now in will not care much about it. So the case is likely to go by default, and the halter will in all probability slip from the neck of the criminal. Perhaps a generous governor may intercede before all the proceedings have ended and issue a pardon, and then a grave question might arise as to whether the state board could revoke a license under such circumstances.

Why would it not be a good thing for the legislature to pass a law providing that when a physician is convicted of a felony his license should be revoked, pending further proceedings? The presumption is most strongly that he is guilty, if he has been found guilty before a jury in a circuit court. It would seem that the public is entitled to some rights, in the shape of protection against such members of the profession, even though in an occasional case the supreme court should determine that for some technical reason he is entitled to a new trial.

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WHERE DOES HE STAND

The Evening Telegram of Portland asks the above pertinent question in its leading editorial, and comments thereon as follows:

> The young medics who recently graduated and got their sheepskins from the local medical college, which claims to be the medical department of the State University, are still inquiring what the education for which they paid, and to which they devoted so much of their time, amounts to. If they are given diplomas by a so-called state institution and those diplomas not only permit, but authorize, them to practice their calling, while at the same time they purport to be evidence of the graduate's fitness to do so, how is it that 75 per cent fail to get a certificate which will permit them to practice in the state from the State Board of Medical Examiners?
>
> Is the State Board too exacting and arbitrary? Does it make unreasonable demands upon the students, asking questions which do not directly affect their fitness to practice medicine, while, at the same time, effectually debarring from this means of making a livelihood? Or, on the other hand, does the sheepskin, which the young doctor so highly prizes, represent anything more than so much money spent and so much time put in without special reference to the actual ability or qualifications of the man who holds it? What share of responsibility, if any, does the State University assume in the premises? Does the granting of the diploma impose any obligation upon the college itself—even enough to see that its graduates are sufficiently qualified to be permitted to practice medicine in their own state? On the other hand, does the failure of 75 per cent of these graduates to get a certificate which will permit them to practice in Oregon carry with it any reflection upon the institution which turns them forth? In other words, is it simply a factory, or what it purports to be, namely, a college?
>
> The matter is not of much consequence, perhaps, except to the confiding young student who pays his money and gets much less than he expects in return. But surely he is entitled to some little consideration, and ought to be permitted to rise up and make some inquiries before being cast permanently into the outer darkness. Where, then, does he stand, does anyone know or care?

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THE OREGON EXAMINATIONS.

Dr. Byron E. Miller, secretary of the Board of Medical Examiners of the State of Oregon, reports the written examination held at Portland, July 7-9, 1908. The number of subjects examined in was 15; total number of questions asked, 100; percentage required to pass, 75. The total number of candidates examined was 61, of whom 23 passed and 38 failed. The following colleges were represented:

College.	Year Grad.	Per Cent.
Passed.		
Oakland Coll. of Med. and Surg	(1908)	78.8
College of P. and S., Chicago	(1900) 76.1; (1908)	75.4
Chicago Coll. of Med. and Surg.	(1908)	75
University of Louisville	(1895)	75.4
College of P. and S., Baltimore	(1901)	80.9
Johns Hopkins Med. School	(1908)	92
Detroit Coll. of Med.	(1896)	78.8
Hamline University	(1908)	81.6
St. Louis University	(1907)	79.8
University Med. Coll., Kansas City	(1908)	81.7
Albany Med. College	(1887)	78.7
Omaha Med. College	(1897)	79.2
College of P. and S., New York	(1906)	84.4
Willamette University	(1907)	78.8
University of Oregon	(1907) 84.7; (1908)	77.3, 78.6
Jefferson Med. College	(1902)	79
University of Pennsylvania	(1907) 82.2; (1908)	79.9
Queen's University, Kingston, Ontario	(1897)	85
University of Christiania, Norway	(1900)	77.2
Failed.		
George Washington Univ.	(1907) 57.1; (1908)	63.7
Northwestern Univ. Med. School	(1907) 65.6; (1908)	71.2
Coll. of P. and S., Chicago	(1901) 63.7; (1903) 53.2; (1907)	69.4
Hahnemann Med. Coll., Chicago	(1906)	67.7
American Med. Miss. Coll.	(1905)	73
Physio-Med. Coll. of Indiana	(1906)	66.2
Keokuk Med. Coll., Coll. of P. and S.	(1907)	*63
University of Iowa	(1907)	69.9
Kansas Med. Coll.	(1905)	71.6
University of Louisville	(1907)	55.4
University of Missouri	(1893)	*66.1
Kansas City Med. College	(1901)	58.6
St. Louis College of P. and S.	(1906) 68.8; (1908)	59
Omaha Medical College	(1896)	56.7
Ohio Medical University	(1904)	72.8
Starling Medical College	(1908)	69
University of Oregon	(1908) 62.3, 62.3, 65, 67.2, 68.9, 70.4, 71	74.5
Willamette University	(1907) 65.3, 65.7	68.3
Jefferson Medical College	(1850) 0; (1886)	66.2
University of Tennessee	(1895)	47.8
University of Vermont	(1905)	69.6
Western University, Ontario	(1894)	61.7
University of Christiania, Norway	(1906)	71.9

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THE APPLICATION OF BOVINE AND HUMAN VACCINES IN THE TREATMENT OF PULMONARY TUBERCULOSIS

By RALPH C. MATSON, M. D.

Bacteriologist State Board of Health, Lecturer on Bacteriology Medical Department University of Oregon

Read before the Eastern Oregon Medical Society

In presenting this subject to you, it will be well to go back to the facts which lead up to, and gave substantial foundation to the principles of tuberculin immunization by means of a bovine vaccine.

At the International Medical Congress, held in London, 1900, Koch brought forward the view that bovine and human tuberculosis were quite distinct. He asserted as the result of his experiments and inquiries, that the bacillus of human tuberculosis was unable to give rise to tuberculosis in the ox and maintained that bovine tuberculosis could not be the cause of tuberculosis in man.

Behring, on the contrary, maintains that the two are the same disease, and that nearly all tuberculosis is the result of infection during early infancy by means of infected milk and the direct infection from person to person is not proved.

Raw is more conservative, and believes that human and bovine bacilli are distinct varieties of an original species, sufficiently distinct to produce different and characteristic lesions in the human body; also, that bovine bacilli give rise to a large amount of tuberculosis in children through infected milk. He considers tuberculous glands of the neck the result of absorption of bovine bacilli in milk through the tonsil and pharynx; that pulmonary tuberculosis is the result of inhalation of bacilli from a previous case of consumption, but that very occasionally the apex of the lung is invaded by direct extension down the neck from tuberculous glands; he believes that the lungs, especially in children, are frequently attacked by direct lymphatic extension from the mesenteric glands through the diaphragm to the pleura and lungs, there setting up acute miliary tuberculosis. In support of these views he had the material of 4000 cases of phthisis which he had seen and 1600 autopsies which he had made in which he had only found the cervical glands or joints affected in 15 cases.

McConkey and MacFayden have found virulent tubercle bacilli present, usually in the mesenteric glands of children in about 25 per cent of cases who have died of non-tuberculous disease.

Raw's belief that miliary tuberculosis, primary intestinal tuberculosis, tuberculous infection of the serous membrane in children to-

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gether with lupus, tubercular glands and joints, are due to infectio by the bovine type; whereas pulmonary tuberculosis, except the miliar form, is due to the human type is supported by the findings of th German Government Commission. In examining 56 cases of huma tuberculosis, found the human type in 50 cases and the bovine type 6 cases; the latter were all children. Four of them had tuberculos of the mesenteric glands; of these, one had tubercle in the spleen ar pleurae, and the other had intestinal lesions. Of the other two, on was a case of miliary tuberculosis of lungs and meninges, the oth miliary tuberculosis of practically all the organs.

The Royal Commission appointed by King Edward in 1901 investigate the relation of human and bovine tuberculosis, suggest th possibility in their report of '07, "that bacilli from bovine source ente ing the human body in scanty numbers may become lodged there wit out immediately provoking a generalized progressive tuberculos During their sojourn there, they may become modified into eugon bacilli of low virulence; and they may then give rise to either a lir ited tuberculosis only, or, under the influence of certain conditions, a generalized progressive tuberculosis."

"For some time after the change they may remain unstable ar capable of reverting to their bovine character under conditions wh subjected, for instance, to the influence of bovine tissues as in passa experiments. Or, after a long stay in the human body, their charact may become so fixed that they cannot be distinguished from baci conveyed directly from man to man."

"There can be no doubt that in a certain number of cases t tuberculosis occurring in the human subject, especially of childra is the result of the introduction into the human body of the bacill of bovine tuberculosis; and there also can be no doubt that in t majority, at least, of these cases, the bacillus is introduced throu cow's milk containing bovine tubercle bacilli, is clearly a cause tuberculosis and of fatal tuberculosis in man."

"Of 60 cases of human tuberculosis investigated, 14 were pu bovine. If instead of taking all these 60 cases they confined ther selves to cases of tuberculosis in which the bacilli were apparen introduced by way of alimentary canal, the proportion becomes ve much larger, being 28. Of nine cases of tuberculosis of the cervi glands that were studied, three were bovine. These facts indicate very large proportion of tuberculosis is due to bacilli of bovine source

Bovine and human tuberculosis are probably the same organis modified by different environments. The difference is due to the ho and both have a common origin.

In Egypt, Malaya, India, Persia and Siam, where cow's milk never drunk, pulmonary tuberculosis runs riot, but tuberculosis of t glands, joints, and skin is unknown. These facts further suppo Raw's contention.

While experimenting on *Gibbons in Sumatra*, Dungern a Smidt found that animals infected by feeding with bovine bacilli e hibited tubercular ulcers of the small intestines and tubercular m

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enteric glands; whereas, when human bacilli were fed, no such lesions resulted.

Spengler, in his analysis of 112 cases, found 60.8 per cent showed both organisms; these were chronic cases; 19.6 per cent were pure human infections, and were bad cases; 5.3 per cent were pure bovine, which were also unfavorable, but better than the others preceding.

Most of the French and German bacteriologists believe the existence of two types is established. Theobald, Smith, Ravenel and others in this country who have done experimental work to decide this important point, agree that there are two types of the bacillus.

That tubercle bacilli is common in milk is clearly shown. Delepene found virulent tubercle bacilli in 17.6 per cent of Manchester milk supply. In Massachusetts, in 1901, 24,000 cattle were tested and 50 per cent were positive. In New York 15 per cent, and Connecticut 14 per cent were positive.

It is well known that in the case of any diseases caused, like tuberculosis, by a micro-organism, immunity against the disease may be secured by introducing into the body the micro-organism causing the disease, in such a way and in such a small dose that the disease thereby set up is slight and transient. The results obtained in this way have been so striking as to lead to a general acceptance of the view that a micro-organism which can thus be used to produce immunity against a particular disease may be regarded as identical with the micro-organism causing the disease. Hence, if the bacillus of human tuberculosis can be used to confer immunity against bovine tuberculosis, or vice versa, we are supplied with a further proof of the identity of the two diseases. Positive results in this direction have already been obtained.

A somewhat similar argument may be drawn from the results of the use of tuberculin, a preparation obtained from cultures of the bacillus of tuberculosis, the subcutaneous injection of which, in a proper manner, gives rise to a definite reaction in the animal body suffering from tuberculosis, but to no such reaction in an animal body free from tuberculosis. The reaction set up in bovine and other animals by tuberculin prepared from human tuberculosis is in every way identical with a reaction set up by tuberculin prepared from bovine tuberculosis.

Romburg and Behring have shown the only way to completely immunize cattle against tuberculosis is by inoculation of the human type.

Perhaps no disease wherein vaccines are used is subject to more diverse opinion than that of tubercle vaccine in pulmonary tuberculosis. I cannot attempt to discuss the matter at length for want of time. Dr. Pottenger investigated this matter some time ago. In the paper referred to, he gives the results of his own experience along with much information obtained from some of the leading authorities by letters addressed to them. He finds 60 per cent are in favor of it as a means of treatment. Those who recommended it based their advice on 5742 cases treated, while those who condemned it had only a material of 813 cases to rely upon. Indeed only four of those who

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denied the value of vaccine had at all an extensive experience with and they were not actually opposed to it and had seen cases t apparently much good had been done. In the majority of instan those who had abandoned it had not at any time given it an exten trial as to actual results in addition to ordinary measures. Potten quotes five others who claim to have cured 100 per cent of ca coming under treatment in the earliest stages. Jessen, Tubran, Wil inson, Kelbs and Petrushky, Von Ruck claims 93 per cent; Trud 83 per cent, and Rembold 75 per cent.

Personally, I have great confidence in tuberculin and know it i powerful remdy to do good in properly selected cases or evil in properly selected ones. Caution must be exercised in selecting ca for immunity treatment, especially the following classes, which regarded as unfavorable for tuberculin.

(1) Hemorrhagic. Tuberculin favors hemorrhage by increas congestion, calcium lactate, 5 grs. t. i. d. for three days, then le off for two days, increases the blood viscidity and usually puts an to hemoptysis. Tuberculin can be given after the cessation of ble ing.

(2) Patients greatly reduced in bodily strength must be built before they can be expected to make satisfactory immunizing respon

(3) When a mixed infection exists tuberculin must be used w utmost caution, otherwise the process will become aggravated.

(4) Where loss of weight and strength continues after tuber lin injection, it had best be left off.

(5) Autoinoculation is, perhaps, the greatest barrier in the tr ment of pulmonary tuberculosis. It must be remembered that th individuals are constantly vaccinating themselves from the atrium infection and tuberculin may serve only to increase the toxemia.

Patients are often responsible for this in their endeavors to ca out instructions to practice deep breathing, and undertake violent ercise.

It is my practice to make two or three opsonic observations bef inoculating and avoid cases with constantly fluctuating index, or least one that can't be brought to rest. Autoinoculation is to be co batted by placing the patient at absolute rest, mental and physical, a the administration of calcium lactate.

The selection of the tuberculin will depend somewhat upon case. In past years, tuberculosis of all forms has been treated w tuberculin of human infection, and it seems no small wonder t failures have attended certain cases. Inasmuch as an infection m be due to one or both organisms, it is manifestly essential to determ the causative organism or the predominating organism in each in vidual case, for they require different immunizing stimuli. In ot words, the bovine virus, benefits the human infection and the hum virus benefits the bovine infection, and when both organisms present, both vaccines should be given. Spengler's method of dif entiating human and bovine bacilli in the sputum has proved of m value in many hands.

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I am conducting a series of experiments to determine if it is possible to separate infections of human and bovine origin by estimating the opsonic index against both bacteria and to determine the yield in protective substances against each, following inoculation of vaccine of human and bovine origin.

Of the human vaccines, Koch's new tuberculin and Deny's tuberculin have proved most satisfactory in my experience. Deny's tuberculin possesses the advantage over Koch's old tuberculin in that it is not exposed to heat, being a bouillon or broth culture in which human tubercle bacilli of known virulence have been grown and filtered through procelin. Thus the danger of the toxins and proteins being affected by heat is overcome.

In using T. R. 1-10000 mg. is a safe dose, I think, to begin with. It may have been increased to 1-3000 mg. (I have never had occasion to go beyond this), or diminished to 1-20000 in some hypersusceptible individuals. Injections are to be given every week to ten days or two weeks, depending upon the case.

In employing Deny's it is convenient to use the different solutions beginning with No. 1 in febrile cases, 1 c.c. of which contains 1-10000 mg. and in afebrile cases with No. 2, containing 1-1000 mg. per c.c.

In using either solution the usual method is to give 1-10 c.c. and increase by 1-10 c. c. at intervals of every four or five days until 9-10 c.c. is taken, then go to the next solution, which is ten times stronger, and begin with 1-10 c.c., increasing in like manner, being on a watchful alert for reaction. When the more concentrated solutions are injected, the interval of injections had best be lengthened to five or six days. Bovine vaccine is not on the market at present, but will be soon, so I am informed.

My experience with a bovine virus is limited to the use of one made after the formula of Koch's old tuberculin. The results are extremely satisfactory. I have repeatedly seen patients not improving under carefully adjusted inoculation of human vaccine respond at once to the bovine, the fever disappearing, appetite improving, cough diminishing, and rapidly gaining in weight and strength. I have employed the bovine vaccine in the same doses as T. R. and also after the method of Deny's. As yet I am not prepared to say how it influences the opsonic index against bovine bacilli, but I can show by numerous blood examinations that it increases the protective substances against the human bacilli in human infections.

Reactions must be carefully avoided. By making opsonic observations from time to time and keeping in touch with the blood changes, I have so far been able to avoid cumulation in the direction of a negative phase, when this cannot be done, only much smaller doses can be used with safety. Too often physicians feel that the procedure is safe, providing they avoid the glaring mistakes made in the early inoculations of Koch's old tuberculin. Such, however, is not the case. Reactions are of all degrees, from so slight as to be overlooked, to fatal. Too little teaching has been done on the importance of recognizing cutaneous and local reactions. Reactions can take place with-

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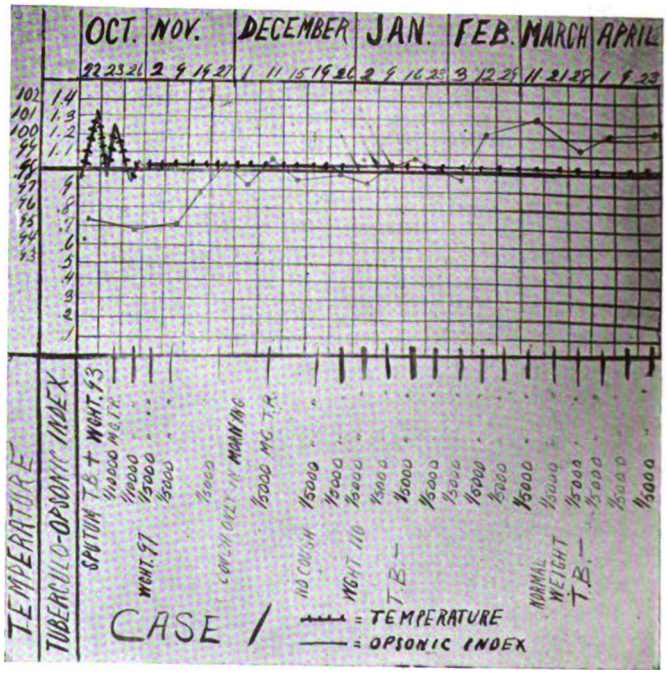
out any elevation of temperature, though it is a valuable guide wh present. Cutaneous reactions, consisting of induration, tenderne at site of inoculation are not to be mistaken for a hypodermic absc (a thing one should never see). The former passes away in a f days and never gives fluctuation. Local reactions consist in an crease in physical signs and the appearance of physical signs whe none existed.

In systemic reactions the patient may complain only of discomfo chilliness, loss of appetite, general malaise, which lasts from twen four hours to two or three days.

Local reactions when moderate are not undesirable, but all ag that marked systemic reactions are to be avoided.

I have to report the following cases:



Case No. 1. A young lady, age 24, a stenographer, no previc illness, well until January 15, 1907, when she had a hemorrhage fr her lungs. After that she lost in weight and strength and later h another hemorrhage. When first seen, on October 21, her cough w constant, so much so that an examination of her chest was very d agreeable. Her morning temperature was from 99 to 99 4-5; aft noon temperature was from 100 to 101. She had been losing weight and strength progressively, in spite of the fact that she h been sleeping out-doors and feeding up well. Her weight was pounds and sputum T. B. positive.

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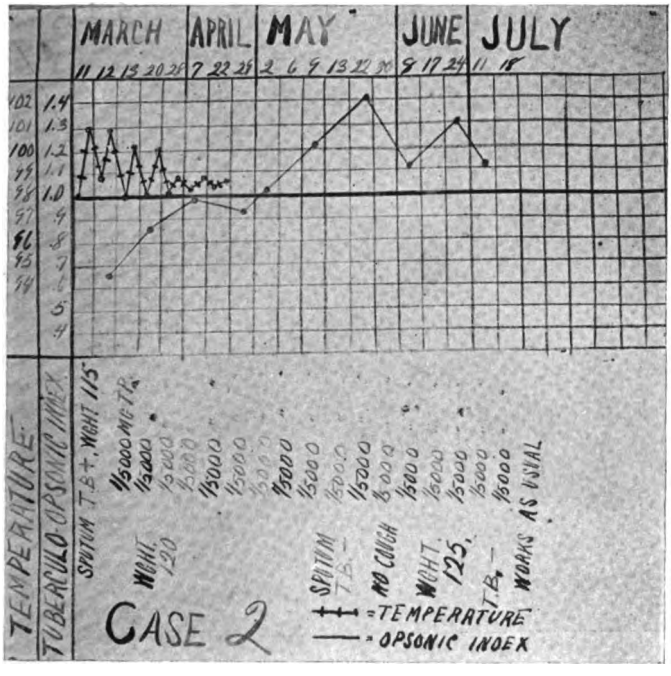
No other changes in her treatment were made, except rest was ordered and inoculations were at once begun, followed closely by opsonic readings. She gained at once, and her temperature rapidly disappeared. Her weight has increased to 110 pounds, cough has disappeared and sputum has been T. B. negative on two occasions since February. She feels as well as she ever did, being able to take exercise without developing fever. She is apparently well. Only human vaccine was used on this case.



Case No. 2. A tailor, age 57, was in apparently good health, although during the year preceding had considerable cough and brought up much sputum. He had lost five pounds in weight. In April had an attack of influenza; recovery was slow and physical signs were much aggravated. His sputum was T. B. positive, temperature advanced to 101 each afternoon; he was up and around part of the time. On March 13th, treatment was begun, after some preliminary blood examination. The fever gradually disappeared as his blood was raised in protective substances. After five months treatment, he has regained his normal weight, has no cough, sputum has been T. B. negative. He feels as well as ever in his life, and has gone back to inside work, in spite of my protests. Human vaccine was used on this case.

Case No. 3: A married woman, age 36, in winter of 1906, had an attack of influenza, after which, she says, she never regained her

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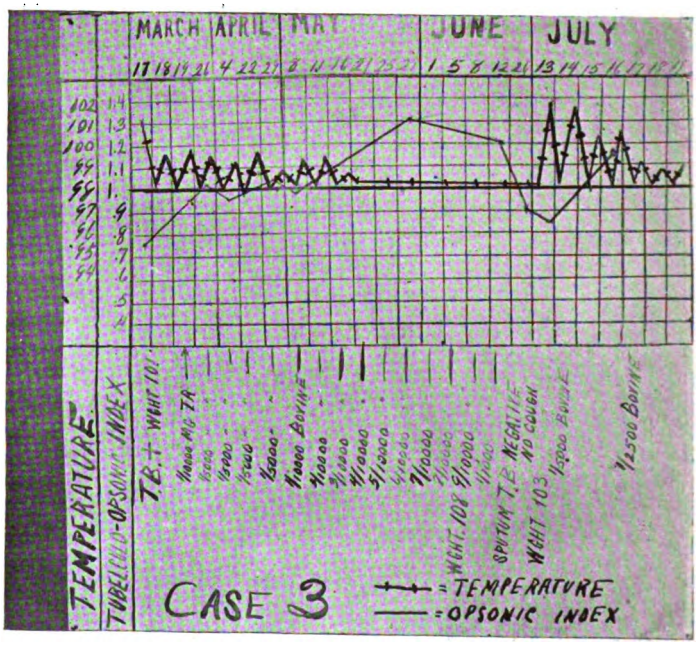
usual strength. In winter of '07 had another attack, and since th had lost in weight and strength rapidly. When referred to me, Mar 17, she weighed 98 pounds, had had fever for some time previou Each afternoon her temperature ranged from 100 to 102. Sputu was T. B. positive. She had been sleeping outside when referred me. Rest was at once instituted, and human vaccine given, follow by careful blood readings. The fever continued somewhat less f two months; she had gained in weight and felt much better, but blo



measurements showed a poor yield of protective substances. Bovi vaccine was then given, beginning with 1-10000 and increasing 1-1000 mg. She improved rapidly, the fever disappearing, her weig advancing to 108 pounds, more than she had weighed for years. H cough disappeared and sputum was T. B. negative. Her opsonic ind had been maintained at a high level. After much persuasion, I a lowed her to go home. She came back two weeks later, having lo a few pounds, and her opsonic index had gone down to 90. S went away and came back 17 days later, having had fever for t previous week, lost five pounds in weight, and felt badly. Her opson index stood .85, whereupon 1-5000 mg. bovine was given, and in few days later her fever disappeared and again she felt all right. H sputum has been T. B. negative after four months treatment. Th seemed a pure human infection.

Case No. 4. A young lady, age 28, came under my care, havi had pulmonary tuberculosis for the previous two years. Both apic

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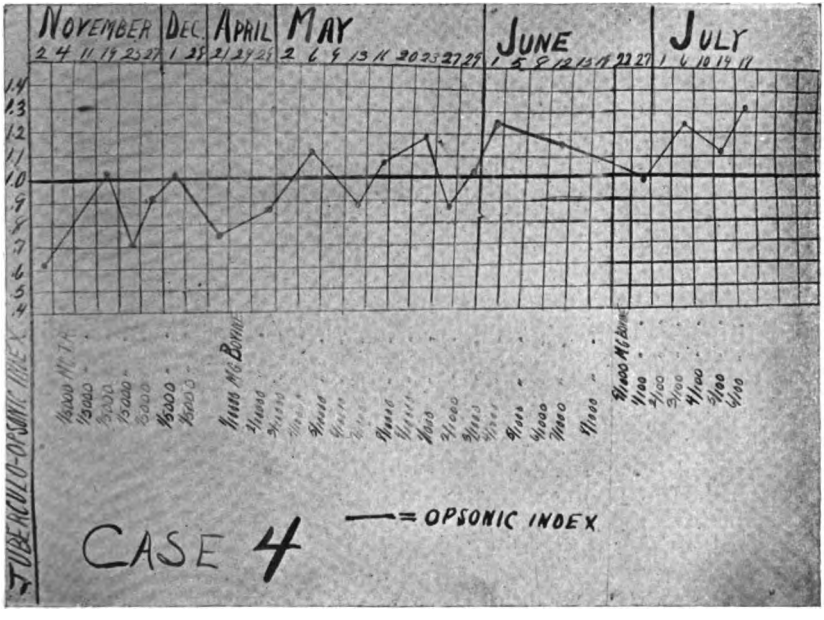
were extensively involved, coughed constantly, the sputa containing numerous tubercle bacilli of a virulent type. She had been sleeping out-doors and taking her milk and eggs as best she could, but she had frequent attacks of gastritis, and was compelled to be extremely moderate in her eating. She had no fever. Human vaccine was given; she improved some, but not at all satisfactorily. After one month she went away and came back in four months as bad as ever. She was now put on a bovine vaccine, beginning with 1-10000 mg.,



steadily increased until the last dose was 1-50 mg. Her opsonic index has steadily improved and her general condition markedly changed for the better. Though her sputum is still positive T. B., her cough is much better. She has gained in weight and strength and feels the best she has felt since the onset of her infection. I consider her case arrested, and perhaps another six months will find her apparently well.

The effects of the Bovine vaccine in these last two cases was marked, and no headway seemed to be made with human vaccines.

IN CONCLUSION.

The failures attending the use of tuberculin are in many instances due to ignorance of the nature of the principles of the application of the remedy. Tuberculin is a powerful remedy to do good or evil, and physicians who use it should familiarize themselves not only with the disease, but the remedy, and with the mechanism of immunity. Under no other circumstances can it be used with safety. It is not to be used in a routine way or in a haphazard manner. Only recently a patient

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came under my observation with symptoms much aggravated. H physician had written him a prescription for a box of Mulford's Tub culin, containing serial dilutions, with directions to use it accordi to the printed instructions. Patients should be under close observ tion of the physician. Though good results can be obtained in off practice, the ideal place, especially for advanced cases, is in an ins tution.

It will be well to know that the yield of protective substances f lowing the inoculation of any vaccine is specific and tuberculin w not check the action of streptococci, staphylococci and other bacte that may constitute a coincident or mixed infection.

Tuberculin, if used early in tuberculosis, is likely to be of mo benefit than later, when the substance of the affected lung is so exte sively destroyed as to cripple the individual by the loss of such important structure.

It is therefore in incipient tuberculosis that we can expect the m satisfactory results. Many failures in tuberculin have been and a now due to too much reliance being placed upon it to accomplish cure alone and unaided. Open air, rest, proper feeding and oth hygienic measures are not to be neglected.

Used rationally in the light of modern experience, tuberculin sho evidence of once more coming into favor in the treatment of pulmona tuberculosis. The best sanatoria throughout the world are using clinicians have accumulated a great mass of evidence in its favor, a modern methods in the study of immunity, especially those of Wrig have placed it upon a scientific footing.

1021 Corbett building.

The Pancreatic Urinary Reaction.

J. H. Schroeder, Cincinnati (Journal A. M. A., September 5), has examined the urine in 85 patients for Cammidge's urinary reaction, following that author's technic strictly, in a number of diseases, including chronic pancreatitis, cancer of pancreas, gastric cancer, abscess of pancreas, gallstones, catarrhal jaundice, tuberculosis of peritoneum, abdominal tumor, probably of pancreas, cancer of liver, cholecystitis and pulmonary tuberculosis. In the last three named, as well as in a number of other pathologic conditions there was no reaction. It was positive in three out of four cases of chronic pancreatitis, one of cancer of the pancreas, two out of three of gastric ca once in four cases of gallstones this case the pancreas was hard nodular), once in four cases of c rhal jaundice, in one case of per eal tuberculosis, and in both of cases of tumor of the upper abdo probably of the pancreas. The clusions he deduces are: 1. It been proved that inflammatory destructive diseases of the panc may give rise to the appearanc certain, as yet undefined, bodie the urine, belonging possibly to sugars or related compounds. 2. reaction is not pathognomonic for ease of the pancreas, in the cli sense. Extensive clinical obs tions on the urine in pancreatic other diseases must finally deter the value of the pancreatic reac

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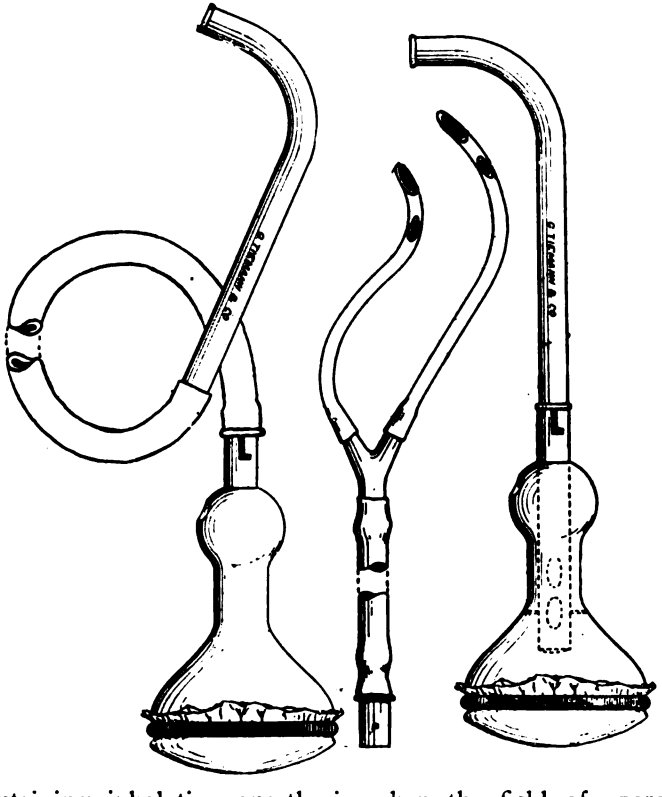
AN APPARATUS FOR INHALATION ANESTHESIA BY PHARYNGEAL OR NASAL INTUBATION

By A. E. ROCKEY, M. D.
Portland, Oregon

In spite of its inconveniences inhalation anesthesia with the ordinary mask continues to be used by the great majority of surgeons in operations about the face, head and neck.

The inertia of indifference to new methods partly accounts for this, but it is also generally believed that the old way is the safest. Pharyngeal and nasal intubation are both such satisfactory methods



of maintaining inhalation anesthesia when the field of operation is near the face, that a better understanding should speedily bring them into much more general use. Several years ago, I made an impromptu apparatus for intubation of the pharynx, and it was so simple in use

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and so satisfactory in its results that I published a description of it the Medical Record of June 2nd, 1906, and subsequently exhibit it at a regular meeting of the City and County Medical Society. F cently I have set about improving it, with the result shown in t illustration.

The funnel has a groove and coiled spring which readily hol the gauze over the wire frame work of the opening giving a sufficie evaporating surface. Internally it is arranged so that it is impossi to pour any of the anesthetic in liquid form down the inhalation tu There is a lateral opening in the bulb at the lower end of the funn which permits perfect air control by the finger of the anesthetist.

The funnel may be connected directly with the pharyngeal tu as shown in the first figure, or indirectly by means of the rubl tube, as shown in the second illustration, or to the "Y" tube for na intubation. These methods all give very satisfactory results. F pharyngeal intubation the curved tube is slipped back of the tong and the mouth packed with a single piece of gauze of sufficient si This tube enables the anesthetist to raise the tongue, and alter t position of the inner opening at will, so that free respiration is alwa at command. When it is desired to remove the anesthetist furth from the field of operation, the funnel may be connected with t pharyngeal tube by means of the large rubber tube provided with The introduction and use of the rigid pharyngeal tube as shown the first figure is so easy that it is often to be preferred to the or nary mask, without reference to the site of the operation in thi necked subjects when the tongue falls back, and the fingers of t anesthetist become tired in holding the jaw forward.

The pharyngeal tube supports the tongue and breathing is uni peded. The perfect air control permits the maintenance of a unifo anesthesia even in prolonged operations.

In all operations about the head and neck the ordinary mask used only at first to produce a complete anesthesia.

The pharyngeal tube either direct or with the intervening rubl tube, or the nasal tubes, as the operator elects, are then introduc

For nasal intubation, after the method used by Crile, there is "Y" tube, as shown. For this purpose the largest tubes that can passed through the nostrils should be used. The ordinary black s rubber tubes of the shops answer very well. They should be cut a bevel with a few lateral openings near the end. Those furnish with the inhaler are suitable for the average adult. These tubes shou be of exactly the same length, and after connecting them with t "Y" and lubricating them, they are pushed carefully through t nostrils until the ends rest opposite the epiglottis.

When they have been introduced, and the mouth filled with gau they may be slightly shifted, if necessary, until a point is found wh satisfactory respiration takes place.

The administration of the anesthetic may then be continued in most satisfactory way, with all the advantage of safety and air co trol given by the funnel.

The inhaler is made by Tieman.

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SYMPOSIUM ON SYPHILIS

By A. TILZER, M. D.
Portland, Oregon

Read before the Portland City and County Medical Society, March 18, 1908

From the time of the recognition of Syphilis in the latter part of the 15th century as a distinct entity from other forms of venereal lesions, volumes have been written on the various manifestations and sequelae of the disease. It is far from my purpose, however, to enter into a discussion of the various phases of the disease, and much less would I tire you with even a minute description of all the cutaneous lesions in syphilis. I wish, however, to call your attention to a few of the commoner forms of such lesions, which usually fall first in the hands of the general practitioner.

The time which elapses between the appearance of the initial lesion and the outbreak of constitutional symptoms of syphilis is termed the second period of incubation. Its average is from forty to forty-five days, but the intervals may lengthen out to three months, depending on individual resisting powers. It should not be understood that the virus is quiescent in either of the so-called incubation periods.

Activity is evidenced after chancre formation by the presence of prodromal symptoms which indicate the beginning of systemic infection.

Following these prodroms, occurs in almost all cases a cutaneous eruption. The syphildides or syphiloderms—as they are better called—while they differ widely, have certain distinguishing characters in common. These are their location, configuration, pigmentation, polymorphism, color, absence of subjective symptoms and the character of scales, crust, ulcers and scars.

As regards location, the eruption itself is scattered over the chest and abdomen and is erythematous in character, resembling that of measles, but having a duskier tint. It is evanescent and soon gives place to a papular eruption, which appears on the limbs and neck, as well as the trunk.

Vesiculation, and more rarely postulation, may occur, and in the latter stages there may be formation of crusts which by the super imposition of successive layers sometimes form a structure having something of the appearance of a limpet shell. This is the condition known as "Rupia," which is generally the result of neglect of treatment or failure of health. At the height of the eruptive stage the clinical picture is bewildering in the complexity of its multitudinous details. Patches of roseola are mingled with macular, papular, macu-

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lopapular, pustular, scabby and crusty lesions. These various elem
are much present in all stages of development, and are often combi
into mixed forms presenting the greatest variety of appearance
arrangements. To use Malcolm Morris's expression, "Syphilis wr
its mark on the skin in characters of such diversity that it m
almost seem as if it attempted to imitate all other diseases." It s
ulates nearly every known cutaneous affection, not only in the na
but to a certain extent in the distribution of the lesion. One m
say of it that it is not one but all diseases epitome. Their very p
morphism, however, betrays them to the experienced eye. They
generally symmetric in distribution. Their color is dusky like
lean of raw ham. The eruption seldom lasts more than a year,
the tertiary does not as a rule begin until the third year.

After the roseola the secondary period commences and is cha
terized by lesions, of which generalization on the whole surface
the body is the chief characteristic. There is generally a pap
eruption of round papules of a reddish brown or copper color
a scurfy ring around them. They may be very scanty or occu
thousands. Their dissemination is remarkable and they may be fo
on the eyelids or on the palm of the hand. As a rule they do
ulcerate, and disappear after a time varying from one to six we
They may become eroded in intertriginous region, causing the
called cutaneous mucous patches. At the same time the papules
velop on the skin, mucous patches occur on the mucous membra
they are seen on the genital organs, anus and especially in the bu
cavity, where they occupy the pillars of the fauces, the soft pa
tongue, floor of the mouth and the internal surface of the lips
cheeks. The eruption of these patches is not uniform, but occur
sub-involutive crops, the first of which are the most acute and w
may last for months with remissions. The mucous patch is the le
from which most fresh cases of syphilis proceed, for it is more
tagious than the chancre.

There are a variety of cutaneous maladies or cutaneous les
which are apt to follow in the wake of syphilis, but which per se
neither the immediate nor the remote results of the same; nei
do they resemble in the ensemble or any particular feature the c
ical picture of lues. This eruption is planted in tissues, devitilize
else modified to a certain extent by the virus of syphilis. The tis
have, so to say, acquired a predisposition or a vulnerability or a
tain modus inviting the entrance of a number of extrinsic effl
cences, which, finding a favorable soil, develop most luxuriantly
wish to reiterate that all cutaneous disorders require adequate me
for their development. This medium may be inherited or acqu
In either case we encounter a cutaneous diathesis without w
no integumentary trouble is possible and syphilis is one of the
ditions conducive always towards the establishment of this diath
The dermatoses thus super-imposed upon structures altered by s
ilitic invasion have nothing in common with the eruption peculi
the latter, and differ in no respect from similar eruptions occu

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under ordinary circumstances, and it would be most appropriate to designate this class of cutaneous disorder as complimentary dermatoses of syphilis.

Eczema complementing syphilis differs in no respect from eczema —the result of other morbid states of the system—except that it exhibits a somewhat angrier appearance and is attended by marked exudations.

Cutaneous neuroses is the most predominating of the complementary dematoses of syphilis. It is in the majority of cases caused by a disturbance in the equilibrium of the vasomotor nervous system, either peripherally or centrally. Without dwelling at length on the etiology of the cutaneous neuroses, suffice it to say, that in seventy-five per cent of cases they are the result of absorption of ptomaines or toxines from the alimentary canal, due to ineffectual digestion caused by the devitalizing influence of syphilis on the alimentary canal.

The diagnosis of syphilitic skin lesions in the majority of cases is easy, but different circumstances may make it very difficult. The occurrence of periods of latency during the different stages of the disease may make the diagnosis difficult. It is often difficult to diagnose syphilitic lesions of the skin from other dermatoses and it should be borne in mind that the syphilitic patient may contract eczema or tubercular skin lesions and thus obscure the diagnosis.

It need hardly be said that it is of the utmost importance that no mistakes should be made in the diagnosis.

On the one hand, if an eruption having syphilitic origin is not recognized the patient may be left unknowingly to disseminate the poison; on the other hand if an innocent lesion is declared to be syphilitic, it may be the breaking up of a family or the ruin of a patient's life. I mention this only to emphasize the necessity of the greatest care in the diagnosis of syphilitic skin lesions. In typical cases this is easy enough from the character of the eruption which has been described, and from the presence of the marks of the disease elsewhere. But occasionally there may be some difficulty, and in such cases the judgment must be passed on a careful review of all the details of the case.

A Piece of Catheter Voided During Urination.

Walter S. Reynolds, of New York, describes a rare case of foreign body in the bladder in which, after nine months of suffering, a piece of a catheter two or more inches long was voided. He calls attention to the necessity of using catheters of a good quality to avoid the danger of breakage in the urethra.—Medical Record.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—Ruskin.

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TUBERCULOSIS IN CHILDREN

By MARY MAC LACHLAN, M. D.

Read before the Portland Medical Club, May 12, 1908

Tuberculosis is so widespread a disease that no age is exempt and children of all ages are numbered among its victims, it ha been found even in the organs of a fetus. A large proportion o cases occur during the first year.

Congenital cases are rare. The other case may be divided those due to an inherited predisposition, and those with acquired disposition.

Inherited predisposition is exceedingly common, and may r from the disease itself in the parents or from an inherited weak constitution as a result of alcoholic excesses or syphilis or other eases.

The acquired predisposition is seen frequently among childr crowded cities, partly due to the greater chance of exposure partly to the less hardy constitution. Many cases can be trace direct infection, others remain so long latent and the symptoms ap so long after infection that all trace is lost of the time and ma of exposure. The diseases of children are responsible for numbe cases which show the beginning of tuberculosis at a time when valescence should be advancing.

Measles seem to be particularly closely related to tuberculosis irritated condition of the lungs proving especially favorable to development of the latent tuberculosis.

Whooping cough and attacks of "grip" very often have tub losis as a sequel.

Local predisposition is caused by repeated attacks of bronchit catarrhal conditions of the nose and throat. The presence of ade or enlarged tonsils provides an easy entrance for infection, the being carried to the mouth or throat, and lodging on the irri tissues there is absorbed by the lymphatics and carried to the ne lymph glands; here it is often arrested, causing an irritant actio sulting in enlargement of the glands, but not penetrating further the system. These glands may be found in otherwise healthy and parently well nourished children. Some authorities declares children with enlarged tuberculous cervical glands are protected invasion of the lungs, at any rate it is often to be found the only tu culous lesion of the body.

Lesions of tuberculosis in children. It is characteristic of this ease in children that when it occurs during hte first two years

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found first in the bronchial glands, and second in the lungs. After the second year of childhood when infection occurs the lesions are found in the bones, in the cervical and mesenteric lymph glands, and rarely in the peritoneum or intestines.

The effect in the bronchial glands is the most striking characteristic.

There are the three sets of glands which are affected. The first surrounds the trachea and is in close relation to the pneumogastric and recurrent laryngeal nerves, the superior Vena cava and the pulmonary artery.

The second ones are found at the bifurcation of the trachea and around the first divisions of the bronchi and are in relation to the aorta, esophagus, and pneumogastric nerves.

The third set extends along the smaller bifurcations of the bronchial tubes, and well into the lungs. This group is in relation to the branches of the pulmonary arteries and veins and with the bronchi themselves.

The presence of these glands on these structures can produce the dry hacking cough, the different respiration and the congested and dark blue veins seen through the skin, and before any effect in the lung cells themselves can be found.

These three groups are often all affected at the same time, but in different degrees of intensity, those of the first set usually being larger in size. They are often as large as a hazel nut and are often united into one large mass, two or three inches in diameter and completely surrounding the trachea. A chain of these enlarged and susceptible glands following the course of the bronchi is usually found to accompany this mass.

Infection of the lungs does not always follow the enlargement of these tuberculous glands, but they remain latent and this latent tuberculosis occurs in these glands here more than anywhere else in the body.

In children under the age of three years of age suppuration often occurs. In children over three not so often.

These glands may become surrounded by a fibrous capsule and remain quiet for years.

When a gland presses upon a bronchus and softening takes place ulceration follows with rupture into the bronchial tube and spreading of the infection through the lung.

An ulceration may occur into the trachea, esophagus or large blood vessel in the same way.

The other most common lesion during the first two years is the tuberculous broncho-pneumonia. As a rule the younger the child the more diffuse the process in the lung becomes. In older children the process is nearer that of adults.

The pathological changes in these cases of early childhood are characterized by formation of caseous nodules which may be surrounded by the areas of congestion associated with a simple case of broncho-pneumonia with a rather firmer consolidation than ordinary.

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These nodules soften and usually cavities are formed.

The lesions are more pronounced near the root of the lung, whe the infection of the bronchial gland is so intense.

Softening and excavation are the final changes.

The pleura is nearly always involved, as in adhesions or in a m iary form of tuberculosis.

The meninges are often affected, usually with the pulmona symptoms during the first two years of childhood and often alo after the first two years. The heart is not often involved to any gr extent. The liver may present an amyloid degeneration due to t disease in the bones. The spleen may be affected in the same wa Enlargement is seen if tuberculous nodules exist in numbers, but general tuberculosis the spleen commonly presents a miliary form the disease.

From the third to the tenth year of childhood a most comm form is seen in the external cervical glands. The deeper cervi glands are first affected; a predisposing cause may be decaying tee eczema of the scalp or any diseased conditions of the head or thro Hypertrophied tonsils and adenoids play a most important role this form.

These cervical glands may be grouped into two classes, first th that run a rapid course resulting in caseation and softening; seco those that run a slower course, the gland becoming surrounded a fibrous capsule and remaining inactive.

Suppuration occurs only in about one-half of the cases. Sympto of tuberculosis in children are often masked and unrecognized, esp cially during the first year. A typical case resembles marasmus closely that only an autopsy reveals the disease. In the later stag the fever and the cough betray the trouble. Even after the develo ment of fever and cough, auscultation of the lungs may show o a limited bronchitis.

There may be indigestion or diarrhea, rarely constipation. Wa ing is always present. This extreme wasting of the patient, the cl pallor with the blue veins in such contrast to the almost transpare skin, together with the later development of a slow fever, are t characteristics of this disease in children, and especially when apparent cause can be found for the child's condition. The disea most easily confused with it is typhoid fever.

But in tuberculosis the temperature is not so regular, nor is usually so high, usually not going above 102 and being subject excerbations and remissions.

The spleen is not always enlarged. There are no rose spots a the Widal test negative.

In tuberculosis a slow fever may develop, last some time and th diminish, but the wasting is continuous, and the fever usually rea pears later with exacerbations and remission which make it puzzli

One mode of diagnosis which is accepted as positive in Pirque clinic in Vienna is the test with tuberculin. A small, slender instr ment like a miniature chisel is used. With this some pressure a

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twisting motion is made on the child's forearm producing three small red slightly excoriated spots. These are made in a short line down the child's arm and the two end ones are covered with a drop of tuberculin, the middle one is left as a "control." It shows how much irritation would be excited naturally in the child's skin; by this process and the others there is indicated the amount of inflammation due to the action of tuberculosis in the child's system. The patient returns every day for three days, and the presence of infection in the child is shown by an area of irritation surrounding the two points.

Sweating is a symptom that occurs in older children in the late stages, but is usually not marked in early childhood, though I have seen it in a child of two years.

Cough is nearly always present, but is dry and hacking until a tuberculous broncho-pneumonia develops.

Expectoration is, of course, absent except in older children. In very young children the sputum for examination must be obtained with a stomach tube. The respiration is rapid. Pain is not common, but the patient often objects to being lifted up or handled much.

The course of the disease is divided into two classes—those that progress rapidly and steadily, and those where the course is slow and interrupted with intermittent fever.

Prognosis is always bad. When the disease is confined to the lymph glands, the case is not dangerous, unless softening and ulceration occur, and often the glands become surrounded by the fibrous capsule and the child improves. When the infection has gained an entrance into the lung tissue the course tends rapidly to a fatal termination.

Prophylaxis.—In cases where there is any history of tuberculosis in any form in any member of the family everything should be done to protect the child and to help to resist infection. The nose and throat should be watched carefully and any growth or catarrhal inflammation should be treated. Exposure to measles and whooping cough should be avoided especially.

Treatment.—Plenty of fresh air should be provided, in spite of parents' objection on account of fever, cough or weakness.

The diet should be simple but nutritious. Milk is the best and eggs and cream are taking the place of cod liver oil in the practice of some specialists.

Of drugs, creosote and codliver oil are still the best remedies we can find. Very young children can take the cod liver oil by inunction as well as by mouth. When one suspects that the infection of the bronchial glands has occurred, the syrup and iodide of iron should be given either alone or in conjunction with cod liver oil.

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Medical Societies

Minutes of the Oregon State Medical Association, 1908.

(Concluded from August issue.)

Dr. Suttner said King County Society invites the Oregon State Society to their meeting, in order to get the men of the Northwest, in the profession, together, for more vigorous action along the lines laid down by President Coffey. He also invites the Oregon State members, socially, physically and mentally, to Walla Walla, to the meeting held on September 8th and 9th next.

Dr. C. J. Smith moved that a committee of three be appointed to consider the subjects advised in the President's address, and to report tomorrow. Carried.

The President appointed Drs. C. J. Smith, William Kuykendall and N. W. Jones.

Dr. A. E. Rockey, of Portland, opened the discussion, and said on account of the lateness of the hour, he would confine his remarks to one topic, but he would like to know what proportion of cases became chronic. In doing Weir's operation he has abandoned suturing the appendix to the skin. His work ensures a permanent opening, maintained indefinitely, without wearing a tube, which is likely to cause pressure necrosis. He brings the appendix close up to the wall, and sutures the bowel close to the appendix, then rolls the appendix around a piece of gauze, and folds the gauze around in a horseshoe shape, leaving it for six days, then he cuts the appendix flush with the wall. About one-fourth to one-half an inch will retain its vitality, but we cut it flush, anyway. It is unnecessary to leave any appendix outside the wall. In six or eight days we begin irrigations. The dressi are none at all, or at most but bunion plaster. For irrigating, uses the ordinary milk tubes that used in dairies, and the tubes are worn all the time.

Dr. Rockey showed two patie who had been operated on, and wh appendeces were open and in g condition for irrigating.

The hour having arrived at wh the banquet was set, the meeting journed until tomorrow morning, proceeded at once to the dining ro of the Commercial Club.

Friday A. M., July 3.

The House of Delegates was ca to order by the President at 9 A. M.

President: We will take up amendment this morning.

The Secretary then stated the p port of the amendments.

Amendment by Dr. Josephi to s stitute "two-thirds" for "majo vote" to admit to membership, and add the words "shall be require and sections 3 and 4 to be amen by changing the words "House Delegates" to read "the Oregon St Medical Association," and "Nomi ing Committee" to "House of D gates." Further that it is for purpose of bringing these two tions in line with section 2, cha 5, which was adopted and provi that instead of delegates being v for in the house of delegates, t shall be voted for in open society.

Section 3 now reads: "The repor the House of Delegates and the e tion of officers shall be the first o of business of the Oregon State M ical association, after the rea of the minutes on the morning of last day of the general session."

Section 4 now reads: "Nothing

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this article shall be construed to prevent additional nominations being made by members of the open Society."

The suggested change strikes out "House of Delegates," and substitutes "Open Society."

The Chair then put the matter to vote, and amendments was adopted as read.

The Secretary then read a resolution by Dr. Tamiesie, of Hillsboro, pertaining to the National Health League.

It was moved that the resolution be adopted. Seconded and carried, and declared adopted.

The subject of the two bills before referred to by Dr. Holt, was then introduced by Dr. Kuykendall, and Dr. Holt again spoke of the necessity of urging favorable action upon the matter, stating that though the Tamiesie resolution was along this line it did not go far enough. That an addition could be made to the Tamiesie resolution to cover the entire subject.

Dr. Williamson stated that he understood that this matter was now recommended by the A. M. A., and that if Dr. Holt would simply state the title of these two bills, he would suggest that they be embodied in the Tamiesie resolution, by their title.

House Bill No. 18,792, "A bill to further protect the public health and imposing additional duties upon the Marine Hospital Service."

House Bill No. 18,794, "A bill to promote the efficiency of the public health and Marine Hospital Service."

It was moved, seconded and carried that the reports of the Secretary and Treasurer be adopted as read.

President: What about the next place of meeting?

Dr. C. J. Smith: We have proposed to make the report as to next place of meeting just before the close of the meeting. However, it is within the province of the House of Delegates to select the meeting place,

President: The House might recommend the place, but it may be well to wait until the general session comes on, to decide.

Dr. Kuykendall then called for privilege to place a motion before the House. Moved that the Secretary be instructed to order the treasurer to pay the hotel expenses of the physicians who came by invitation to address the Association—Drs. Crile, Cleveland; Witherspoon, Butte; Moffitt, San Francisco.

The motion was seconded and carried.

President: The House is adjourned.

Convention called to order by the President at 10 A. M., Friday, July 3.

Dr. C. J. Smith, chairman of the Committee on Medical Organization, made his report.

The Committee recommended the adoption of the President's suggestions, the consolidation of medical colleges in the Northwest, and consolidation of the journals. The education of the public is important, but this may be left to the State Health Board, with the cooperation of the Association. Would recommend similar legislation in the states of the Northwest, and reciprocity between the states. A committee of three appointed to cooperate with like committees from the other states. Recommend a joint meeting next year. Advise a committee of five members, to consider consolidation of colleges and journals, with representatives of the journals to be on the committee. Dr. Smith moved the adoption of the report. Carried.

The President asked which president should appoint the committees. Dr. Smith said that had not been considered. The President said that the committees would be appointed later.

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The Association then proceeded to the election of officers.

The Secretary read the names of those nominated for President.

Dr. Byrd, of Salem; Dr. E. B. McDaniel, of Baker City; Dr. W. T. Williamson, of Portland.

Dr. McDaniel and Dr. Williamson withdrew in favor of Dr. Byrd.

Dr. Phy, of Hot Lake, moved a suspension of the rules, and that the Secretary be instructed to cast the unanimous vote of the Association for Dr. Byrd. The motion was carried.

A speech was called for from Dr. Byrd, to which he generously responded. Said he had acquaintance with many speakers in this organization, but he sees also many who like himself do not talk but who work better than they can talk. However, he took this opportunity to thank the members for the honor they had just laid upon him, and to express his appreciation and gratification on this occasion. He wished, however, to remind them that no officer can carry a society to success, without the help of the body, and he hoped to receive such an abundance of encouragement and assistance that we should turn the office over to his successor, well covered with glory.

Nominations for Vice-President were Dr. William Kuykendall, Eugene, and Dr. C. J. Smith, of Pendleton.

Dr. Smith spoke at length in withdrawing in favor of Dr. Kuykendall.

Dr. W. T. Williamson moved for the unanimous vote to be cast for Dr. Kuykendall. Carried.

Dr. Kuykendall said he was flattered by the speech of Dr. Smith, and promised to fulfill faithfully any duties that might devolve upon him in the office. He thanked the members.

For Second Vice-President, Dr. C. S. White, of Portland; Dr. Ringo, of Pendleton. Dr. Ringo withdrew in favor of Dr. White.

Dr. H. W. Coe moved that the r be suspended, and the Secretary structed to cast the ballot for White. Carried.

For Third Vice-President: Dr. B Cathey, Corvallis; Dr. R. C. Yen Portland.

Dr. W. B. Holden and Dr. S. Linklater, of Hillsboro, were appo ed tellers.

Dr. Yenney was declared electe

For Secretary, Dr. William Ho of Portland; Dr. J. D. Sternberg Portland.

Dr. Sternberg withdrew in favo Dr. House, who was declared ele by unanimous vote.

Treasurer: Dr. Edna D. Timms Portland; Dr. Otis B. Wight, of P land.

Dr. Wight withdrew in favor of Timms, who was declared un mously elected.

The two retiring councillors, Dr. T. Williamson and Dr. S. T. L later, were by unanimous vote ele to succeed themselves.

Dr. Kuykendall said that there no constitutional provision or tainty of time when the incom President shall take the chair, therefore moved that it is the se of the Society that the President s take his seat as soon as the elec of officers is closed.

After discussion. Dr. Kuyken withdrew his motion, and moved the new officers be inducted at close of the current session. Carr

President: Would any one like discuss Dr. Holt's paper?

Dr. Holt said that several had pressed a wish to discuss the pa and if any cared to ask questions, would be pleased to answer th otherwise there is nothing to disc

Dr. F. W. Vandyke, Grant's P read a paper on "Three Reasons W Men Grow Old." He said the

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title of the paper is "Three Reasons Why Men Break Down."

Dr. W. J. May, of Radium Springs, announced the meeting of the Eastern Oregon Medical Society, at Radium Springs, the 23d of this month, and invited the members to attend.

Dr. May continued. in discussion of Dr. Vandyke's paper. He congratulated the author on the paper, which he considered a classic, but as the time was growing short, he would not discuss further.

Dr. Bailey, of Hillsboro, called attention to the double standard of virtue for the sexes, and to this he ascribed the more rapid progress of women over men, in the race of intelligence and ability.

Dr. Vandyke closed by thanking the members.

Dr. Everett O. Jones, of Seattle, read a paper on the "Practical Value of Bier's Method of Hyperaemia." This fact that every function is accompanied with hyperaemia, was suggested to Bier by Rokentanski, and Bier has been experimenting with the idea and condition for years, using the hot oven in the beginning.

Dr. Jones described Bier's technique: Applying a bandage two and a third to three inches wide, above the injury. The degree of constriction is important, just enough pressure being used to produce the congestion, without any bad feeling to the patient.

The skin soon becomes dusky, and then a bright red, small spots like millet, appear on the palms of the hands, and in three hours there is a beginning edema of the arm, which is a bright red. After leaving the bandage for ten hours, the arm is from one-half to three-fourths inch larger than the other. In acute inflammation, the appearances are more pronounced. In case the bandage is too tight, the skin becomes blue, instead of red, there is tingling and numbness and pain, conditions obtaining in venous stasis. There are three points to watch: Color, temperature and subjective symptoms. The bandage should be left on about twenty hours, except in case of chronic bone suppuration, when longer. Bier was the first to use this in tuberculous arthritis, leaving the bandage for twenty to twenty-two hours, with elevation of the parts the rest of the time, and changing the place of application each time. Use passive motion as soon as possible, and where there is pus, under local anaesthesia incise and cup, and in three hours replace the bandage. Never introduce packing, but change the dressing daily.

Dr. A. C. Smith said this is one paper that should not be rushed along, but should be fully discussed, for in ten or fifteen years there will not be a doctor who will not use this treatment in both medical and surgical work. Bier uses three methods for producing hyperaemia: Suction, dry hot air, and constriction. If the part is one that cannot be bandaged, the cups may be used, after lancing, if the case is one of pus, and this can be applied to any part, from a felon to osteomyelitis or the gonorrheal joint. The time having arrived for adjournment, in order to attend the public session, to be held under the auspices of the State Health Board, but the program not being concluded, it was suggested that we do not adjourn until the conclusion of the program.

The President announced that he was ready to hear a motion on the question

Dr. A. C. Smith said there were members yet with papers to read, and others who were here from a long distance, and he moved that the program be carried out, without regard to the other meeting.

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Dr. W. J. May asked if the other meeting cannot go on without the attendance of this, as the other is under auspices of the Health Board? He thought each might run independent of the other, and we need not adjourn until we so desired.

A rising vote declared that the program should be continued without adjourning.

Dr. Kellogg, of Seattle: The use of Bier's bandage may be given the credit of results that perhaps are brought about by other means, as in the use of the vaccines, results are attributed to other means, sometimes, and again to the vaccines, and no one knows how much is due to each.

Dr. Kellogg reported a case of a tubercular wrist, in a young lady; he put on the Bier's bandage, and gave tuberculin, and by keeping it immobilized, after a year, it seemed likely to recover.

Dr. A. C. Panton had used iodoform injections for the same condition, and it had benefitted, but he considered Bier's as the rational treatment.

Dr. Jones, closing, said when the technique and the appearance were familiarized, the results are really remarkable. Bier says that every form of tuberculous arthritis is amenable to treatment, except tuberculosis of knee-joint; this is often a failure. In Dr. Kellogg's case the treatment was not carried out according to Bier, who says not to mobilize a tubercular joint, but to begin early with passive motion, even before the closing of the fistula.

Dr. Frank J. Sladen, Johns Hopkins Hospital, read a paper on "Results of the Use of Flexner's Anti-Meningitis Serum in the Treatment of Epidemic Cerebro-Spinal Meningitis."

Dr. Sladen exhibited diagrams showing percentage of mortality at different ages, that had been treated under Flexner's methods; showed, also, temperature curve, and described treatment. 30 c.c. of spinal fluid removed, and the same amount of serum injected. There might be sc joint pains, urticaria and erythen the temperature is likely to rise ag after a drop, and the injection m be given daily until the temperat and symptoms disappear. In m cases that recover, two injections sufficient. Kernig's sign is the last disappear. In 19 years without ser treatment, in 33 cases mortality 64 per cent.. In 1908, treating 21 ca with serum, mortality was 14 cent. In 1908, 12 cases under 12 ye treated with serum, the mortality 8 per cent. The treatment destr the bacterial organisms, and by antitoxic properties establishes a s ile spinal fluid.

Dr. Kellogg, of Seattle, opened discussion, and said: This work Dr. Flexner's is the best work d in years. When one remembers terrifying aspect of the disease, then considers that it is now an able to treatment, that now there uniformity in results in good ha that 25 per cent or less die, one f that the work is a great one.

In Seattle, during the last year two, he has seen many cases, and all parts of the country there are radic cases. Last spring there wa case at Port Lawton, and we tried get serum from New York, but failed to get it, and the patient di but Dr. McCullough telegraphed Morse of New York, and got ser for over 20 cases, and finds the m tality 25 per cent. Dr. McCullo thinks if the case is seen early, ser will act as a specific, but if not s early, the results will be fatal. feels that steps should be taken have serum manufactured in ple where it can be gotten quickly.

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that these cases which might be saved, need not be sacrificed.

Dr. Moffitt, of San Francisco, said that since December he had seen six cases; some had occurred at Portersville, in the practice of Dr. Miller. Four cases had died, one had made a perfect recovery, and one a partial recovery. The serum reached the cases late. He would emphasize giving the serum early. One case developed acute paraplegia, such as after lumbar puncture, and is not doing well; probably will die.

Dr. H. W. Coe, of Portland, said there are two points in the reports that are, or might be, misleading; the low mortality rate is given, but we are not told whether the recovery is good or not. The cases reported for the 19 years, with 64 per cent mortality, there may be a question of diagnosis, and also does the present mortality include every case of positive diagnosis that came to the hospital.

Dr. Yocum, of Tacoma, wished to emphasize the early use of the serum. If we wait till symptoms are plain, it is too likely to be too late. Dr. Yocum reported three cases, of which one recovered; two cases were treated with serum after 48 hours, but did not do well.

Dr. J. M. Holt spoke of the difficulty in getting serum quickly, and thought patients should not be allowed to die; the serum should be gotten in some way, and said if it could not be gotten from the Rockefeller Institute, that Wyman, at the Marine Hospital, should be appealed to.

Dr. Sladen closed: Dr. Flexner, he said, had been giving the serum out carefully, because he wanted careful conservative opinions, and wanted it used judiciously. That the belief is in favor of the usefulness of the serum treatment, is evidenced by the fact that Rockefeller has lately given a half million dollars for the manufacture of this remedy. His diagram giving the present mortality includes all the cases that came to the hospital. The fulminant ones were included with the rest. The meningicoccus intracellularis must be demonstrated in every case.

He would not hold the paraplegia against the serum at this stage, for Flexner reports 400 cases without any permanent harm. In the face of results he advised frequent injections of large amounts.

Dr. W. H. Byrd, of Salem, said that the meeting had been greatly influenced by the discussions of the visitors from Eastern Washington, Idaho, California, and the East; it had, in fact, been an intellectual and scientific feast, and in response, he felt inspired to move a vote of thanks to these friends who had so added to our enjoyment of the occasion.

The President said there is really not much use to put the motion to a vote, as it is so apparent that all feel the same on this point. But he called for a vote, which was unanimous in favor of the motion.

Dr. George W. Crile, of Cleveland, Ohio, gave an address on "Surgical Shock." He said without a fall of blood pressure there can be no shock, and the fall of blood-pressure is due to a breaking, or lowering of vitality of the vaso-motor centers. He made a plea for the use of the expert anaesthetizer, and spoke of the various anaesthetics for use in selected cases, believing that careful selection of the anaesthetic, and its administration, will prevent shock in many cases; mentioned nitrous-oxide, neural anaesthetia by morphia-cocaine, spinal anaesthesia, intermittent ether, and combination anaesthesia. The vaso-

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motor centers are being over-worked by the traumatic factor, as well as being poisoned, and the less hemorrhage there is, the less trauma, and the less shock. There is first, excitation of the nerve; then irritation, and then no response, and reflex inhibition of function. After discussing the amount of shock consequent upon trauma of different parts of the body, and the influence of psychic irritation, Dr. Crile declared that over-transfusion afforded absolute protection against shock.

The President said that Dr. Florence Manion wished to make a few remarks. Dr. Manion came forward, and, with a graceful speech, in which she recognized the worth of the woman who is the inspiration of Dr. Crile, presented Mrs. Crile, who sat by her husband, with an armful of American Beauty roses, laying them at her feet.

Dr. Crile, in behalf of Mrs. Crile, thanked the Association for the courtesy, and expressed his admiration, and Mrs. Crile's, for the beautiful roses of Oregon.

Dr. Crile's address was discussed by Drs. A. C. Smith, George Wilson, Amos, House and Baird, and Dr. Crile closed with a few words of appreciation for the generous credit given his work by the profession of Oregon..

The in-coming president, Dr. Byrd, was conducted to the chair, and after a few words, the Association adjourned.

Wyoming State Medical Society.

The annual meeting of the Wyoming State Medical Society was held at Sheridan on the 28th and 29th ultimo. The following is the program which had been prepared by the officers of the association:

J. E. Summers, M. D., Omaha, "The Recognition of Intestinal Obstruction and the Importance of Immediate eration."

Fred Wood Phifer, Wheatl "Puerperal Sepsis."

Thomas Coe Little, Omaha, " Diagnosis and Early Treatment Vascular Lesions of the Adult Bra

John L. Bostwick, Hulet, W "Renal Calculi."

Charles C. Allison, Omaha, "Bor line Cases in Medicine and Surg With Reference to a Few Cases Wh at First Are Medical; Later Assu a Surgical Aspect."

J. Claude Wingo, Rock Spri "Pneumonia."

Arthur D. Dunn, Omaha, "Sc Diagnostic Considerations of Const tion."

J. Palmer Finley, Omaha, "N Operative Treatment of Diseases Women."

T. A. Dean, Casper, "Odds Ends."

Jay Smith, Glen Rock, "Someth I Have Learned Since Leaving M cal School."

S. B. Miller, Laramie, "The Work the Board of Medical Examiners."

H. E. McCollum, H. L. Stevens, L amie, "An Unusual Case of Traum Gangrene."

OBITUARY.

Dr. Chas. McCutcheon.

Dr. Chas. McCutcheon, superinte ent of the Fannie C. Paddock Mem ial Hospital at Tacoma, who died s denly on August 10th, was born Ireland in 1861. He came to t country in 1879, taught school in C ada for four years, moved to Illin and taught school near Chicago. entered Rush College in 1884 a graduated in 1886. For the past years he has been resident physic and superintendent of the Fannie

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Paddock Memorial Hospital. He was some time ago president of the Washington State Medical Association, also a member of the House of Delegates A. M. A., and was one of the most generally known, respected, and beloved members of the medical profession of Washington and Oregon. He was related to John Tyndal, the noted English scientist, and P. F. Collier, the New York publisher.

Dr. James V. Pope.

Dr. James V. Pope died at Forest Grove on August 2nd, at the age of 72 years. He was a graduate of the St. Louis Medical School, and had practiced medicine for over thirty years. He went to Forest Grove twenty-four years ago, and with the exception of ten years residence in Portland, had lived continuously in Forest Grove since coming to this state. He had a fine army record, having served in the Federal army during the war of the rebellion. In 1863 he left the field, and did hospital work at New Orleans, where he acted as assistant surgeon until the close of the war. He leaves a widow, a son and two daughters.

Dr. John A. Aulguire.

Dr. John A. Aulguire, of Pocatello, Idaho, came to his death on the 28th of July, as the result of an accidental explosion of vaporized gasolene at his office two days before. There was a good deal of mystery concerning the doctor's accident, and a coroner's inquest was held, and a verdict arrived at as indicated above. . The Doctor was a graduate of a Kansas City college, and had lived in Idaho for several years. He leaves a widow, who was away from home at the time of the accident.

Sewage and Tuberculosis.

S. G. Dixon, Philadelphia (Journal A. M. A.), has sought to answer the question whether the tubercle bacillus can so contaminate water courses and water supplies as to make them a peril to the public health. For this purpose he has bacteriologically examined the sewage from the Rush Hospital for Consumption and Allied Diseases, West Philadelphia, that from the White Haven Sanatorium for Consumptives, and the mixed sewage from the sewer outlet at South Street bridge, West Philadelphia. The methods and results are described; from the first two of these sources tubercle bacilli or typical acid-fast bacilli were obtained in small numbers; but none were obtained from the South Street bridge sewage. Inoculation experiments on guinea pigs, however, failed to produce the characteristic lesions, but he does not admit that this proves that the acid-fast organisms were not tubercle germs. The fact that no tuberculosis was produced does not militate against the assumption of their identity because of the small numbers introduced. Experiments to determine the effects of sunlight were also performed, with the result of showing that more time is needed to kill the sewage organisms than would suffice to restrain the growth of the tubercle bacilli; and that the technic used (with eosin) was therefore impracticable. Dr. Dixon and his collaborator, Dr. Fox, are continuing the research, but cannot report much progress. The determination of tubercle bacilli in sedimented sewage of tuberculosis by eminently trustworthy methods is, however, sufficient proof these organisms are present and may therefore be in the water courses into which such sewage flows.

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Book Reviews

The Ready-Reference Handbook of Diseases of the Skin. By George Thomas Jackson, M. D., Chief of Clinic and Instructor in Dermatology, College of Physicians and Surgeons, New York. Sixth edition. 12mo., 737 pages, with 99 engravings and 4 plates, in colors, and monochrome. Cloth, $3.00 net. Lea & Febiger, Publishers, Philadelphia and New York, 1908.

This valuable work has entered its sixth edition, and since the previous edition, its author has been elected to the full chair of Dermatology in the College of Physicians and Surgeons of New York, a tribute to both the man and the book. The book is rich in formulas of proved value in this very trying class of cases. Answering the needs of students, as well as physicians, this work has merited the demand for six editions in sixteen years. Each disease is considered in full, beginning with synonyms and proceeding through the symptoms to the etiology, pathology and diagnosis, and to especially full sections on treatment covering all varieties and complications.

The Baby; Its Care and Development. For the Use of Mothers. By Le Grand Kerr, M. D., author of "Diagnostics of the Diseases of Children," Professor of the Diseases of Children in the Brooklyn Post-Graduate Medical School; Attending Physician to the Children's Department of the Methodist Episcopal (Seney) Hospital; Visiting Physician to the Children's Wards of the Williamsburgh Hospital, and of the Swedish Hospital in Brooklyn, N. Y., Etc. Illustrated. Price, $1.00 net. 160 pages. Brooklyn, New York: Albert T. Huntington, 1908.

Much misery would be saved young children, and much perma suffering to the children of la growth, if parents could have pl in their hands a book of this na and if the parents could be persu to intelligently study it, and fo its directions. Practical knowle which will be helpful in the man ment and care of babies, is foun abundance between the covers of book, and while it is not intende take the place of the physician, it will teach the mother how to telligently co-operate with the p cian. It is well illustrated with tures which will be of value to reader.

International Clinics. A Quarterl Illustrated Clinical Lectures Especially Prepared Original cles on Treatment, Medicine, S ery, etc., etc., by leading mem of the Medical Profession thro out the world. Edited by W Longcope, M. D. Vol. II, 18th se 1908. Philadelphia and Lon Lippincott & Co.

The contents of this volume brace articles on Medicine, Treatm Surgery, Gynecology, Ophthalmol Dermatology, Orthopedics, Pediat and Pathology, by some of the famous writers who contribute to valuable quarterly publication. An the most practical contributions the general practitioner is that by Louis Fischer, attending physicia the children's department of the enham hospital, and to the River and Willard Parker hospitals, York City, on the Treatment of S let Fever, including Prophyl Measures Necessary to Prevent C plications. Of similar value is article by Dr. H. Hallopeau of P

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on Treatment of Syphilis by Atoxyl. Every article that follows these is of value, and the volume should find a place in the library of the practitioner who seeks for the latest and most advanced knowledge on the subjects treated.

The Principles of Pathology. Volume I, General Pathology. By J. George Adami, M. A., M. D., LL. D., F. R. S., Professor of Pathology in McGill University, Montreal. Octavo, 948 pages, with 322 engravings and 16 plates. Cloth, $6.00 net. Lea & Febiger, Publishers, Philadelphia and New York, 1908.

The publication of this work is an event that is worthy of special notice. As the publishers state, this work reclaims at a bound, for the Anglo-Saxon, a territory hitherto largely conceded to the activity of the Teuton. This is not a translation or compilation—good as many of these are—but it is a first hand native product by an author who stands on a level with his most eminent confreres. In a clear and pleasing style the author displays the whole subject of general pathology in this volume to be followed by one on Systemic (including Special) Pathology. The phenomena of disease, or pathology, are as definite and rationally connected as the phenomena of health or physiology. Obviously the student and physician must have a thorough grasp of the underlying facts of disease, and must understand what it is in itself, before rational treatment is possible. Precisely this knowledge is available in its latest developments in Prof. Adami's pages, excellently set forth and amply embellished with illustrations.

Adenomyoma of the Uterus. By Thomas S. Cullen, M. B., Associate Professor of Gynecology in Johns Hopkins University. Large octavo of 270 pages, with illustrations by Hermann Becker and August Horn. Philadelphia and London: W. B. Saunders Company, 1908. Cloth, $5.00 net; half morocco, $6.50 net.

This is an admirably printed and illustrated work, giving much practical and valuable information concerning the subject with which it treats. The author has had exceptional opportunity to observe these cases, in his own practice especially, and he has done a service to the profession to give the information he possesses to the world. The publishers have been especially generous in the sumptuous character of the printing, in the excellent paper, and the fine illustrations that appear in the body of the work. The subject is dealt with very exhaustively, and each case that is mentioned is followed through its treatment to the end.

A Text-Book of Surgical Anatomy. By William Francis Campbell, M. D., Professor of Anatomy at the Long Island College Hospital. Octavo of 675 pages, with 319 original illustrations. Philadelphia and London: W. B. Saunders Company, 1908. Cloth, $5.00 net; half morocco, $6.50 net.

The purpose of this work is to aid the student and practitioner in mastering the principles of practical anatomy. The facts collected are the products of many minds, and the accumulation of many years. The manner of their presentation and the attempt to estimate their clinical value can be credited to the author. There is so much to human anatomy that the student cannot assimilate it all. The facts must be sifted, their comparative values fixed, and the reason for their acquisition demonstrated by directing attention to the practical problems with which they are associated. The

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author has attempted to do this, and he has succeeded admirably. The volume is well prepared, and will be welcome in every library where it finds a home.

A Manual of Diseases of Infants and Children. By John Ruhrah, M. D., Clinical Professor of Diseases of Children, College of Physicians and Surgeons, Baltimore. Second revised edition. 12mo volume of 423 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company, 1908. Flexible leather, $2.00 net.

This valuable work has been prepared for the medical student, not to supplant the larger and necessary text book, but to enable the student to grasp quickly the more important parts of the subject of pediatrics, and to furnish him with a rapid reference book for clinical use. A good practitioner also will find that this volume will be of great service to him, although it is very much condensed. A chapter on "Infant Feeding" is very comprehensive, owing to the great importance of the subject. A valuable feature of the work is a large number of references to articles in various journals which have been added as foot notes, to enable the student to look up any given subject in the medical library. Numerous minor changes have been made in the second edition of this work, and several sections have been added, notably on the medical inspection of school children, on the duration of the danger of contagion after infectious diseases, and on the return to school of children after exposure to contagious diseases. A short bibliography of the current pediatric literature has been added.

State Board Questions and Answers. By R. Max Goepp, M. D., Professor of Clinical Medicine at the Philadelphia Polyclinic. Octavo volume 684 pages. Philadelphia and Lond W. B. Saunders Company, 19 Cloth, $4.00 net; half morocco, $5 net.

This work consists of a large co pilation of questions which have b asked during the past four yea mostly in the larger and more rep sentative states. The compiler l sifted from a vast amount of mate to avoid inserting in his book m than once, questions covering a cert point. This list may be regarded fairly representative of the kind examination questions usually p pounded by State Boards. The p pose of the book is to provide a c venient compend for the use of th who wish to prepare themselves State Board examinations. The sour of information are not given, and d nitions have been taken freely fr standard text books, often without change of wording. It is certainly interesting and valuable work to h in one's library, because of the ex lent index which it contains, and concise information which it gives the inquiring mind.

Epilepsy in Private Practice, Es cially that from Reflex Causes.

Charles G. Polk of Pensauken, J., deplores the position of skeptic that is prevalent among general p titioners as to the curability of lepsy. He finds that at least twe five per cent of cases are cura especially those of reflex origin. Th latter cases are curable if trea early, but if the cause is allowed continue operative the condition comes permanent. Hygienic tr ment, proper diet, and fresh air do much for these cases. Spi douches and massage should be ta regularly.—Medical Record.

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Extracts

Adverse Suggestion.

By Austen Fox Riggs, M. D., New York. Assistant in Medicine, College of Physicians and Surgeons, Columbia University.

Psychotherapy of late years has come gradually more and more to the front, until today it is a subject very widely talked of, but chiefly by the non-medical public. Physicians in the past, although apparently in no way doubting the validity of psychological laws, have, as a profession, made very little conscious and, therefore, intelligent use of the therapeutic opportunities they offer. There were notable and brilliant exceptions to this rule of negligence. Such pioneers as Braid of Manchester, Liebeault of Nancy, and Charcot of Paris, in spite of the bitterest professional opposition, amounting at times to fanaticism, finally separated hypnotism from mesmerism, animal magnetism, etc., and laid the foundations of psychotherapy. But even now, psychology remains in the minds of the great majority of physicians as an interesting theoretical subject, and suggestion as an agent fit only for the hands of the specialist and of the hypnotist.

On the other hand, charlatanism has an important message for the medical profession. It has long realized the practical side of psychology, has applied its laws, and is even now able to point with pride to clinical results where the medical profession has failed. Mental healing, Christian Science, and other similar healing cults and systems, have suggestibility to thank for the number of cures that stand to their credit. They have accomplished in these cases, by an illegitimate use of suggestion, what the medical profession should have accomplished by its legitimate use. They have consciously and cleverly used (as well as abused) a therapeutic agent of which, as a matter of fact, successful physicians by their cheerful manner and encouraging words have made unconscious, unintelligent, haphazard use, and have likewise unconsciously and inadvertently misused for ages. The natural explanation of the tremendous popularity of the well nigh numberless "ists," "isms" and "paths" of the present day, is that patients find in them what they need but cannot get from orthodox sources. The physician who ignores the psychic element of disease is just as narrow as the Christian Scientist who denies its physical existence.

That conscious, intelligent use of suggestion should be within the grasp of every physician, that it is his imperative duty to avail himself of its manifold benefits, and that above all he should avoid its unintelligent, unconscious misuse are facts which cannot be too strongly emphasized.

It needs hardly a moment's serious consideration to establish the gross inconsistency of treating human beings as though their minds and bodies were independent. The psychological law laid down by Professor William James years ago that "no mental modification ever occurs which is not accompanied or followed by a bodily change" is familiar to all. We all know that it is the mind, not the body, that suffers; that the patient is a suffering consciousness, not an insensate biochemical laboratory. That bodily ills cause mental disturbances and that mental disturbances cause bodily ills, are facts too well known to need demonstration. The concept

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of psychophysiological unity is the basis of enlightened monistic philosophy and it is the only concept which agrees with and is supported by the laws of nature. Indeed, I believe it would be hard to find an educated man, especially among physicians, nowadays, who would deny the validity of this basic truth. Yet in practice not a few physicians, in face of these facts, frequently treat the body as though it were independent of the mind, and the suffering patient as though he were a deranged mechanism or an ailing ameba.

A working knowledge of psychology is at least as important to the practical physician as is familiarity with the physiological action of drugs, for suggestibility is a universal characteristic, and the physician need not be a hypnotist nor the patient an hysteric for suggestion to be used to advantage. It is, however, essential that the physician should be conversant with the fundamental characteristics of the subconscious self which Sidis so well describes as the "highway of suggestion." Appreciation of its surpassing sensitiveness to suggestions, of its astonishing credulousness, of its tenacious memory, and above all, of its close association with all the organic functions, is one of the essentials of an efficient and intelligent use of suggestion. It is clear that to gain an appreciation of this sensitive and puissant subconsciousness and a knowledge of the ways and means of influencing it, one must acquire the fundamental principles of psychology.

In order to avoid confusion as to the meaning of "suggestion" and "suggestibility" I here quote Prof. Aug. Forel's definition of these terms, which seem to me particularly clear and comprehensive and in accordance with which I use the words. "By suggestion one mean. the producti of a dynamic change in the nervo system of a person, or of such fur tions which depend on his nervo system, by another person by mea of calling forth representations (they conceived or unconceived) th such a change is taking place, h taken place, or will take place." . "Suggestibility is the individual su ceptibility toward suggestion."

Every-day life offers ample pro of how suggestible we all are. Wh the small boy sucks a lemon befo the brass band and thereby caus salivation and puts the band out business, the players offer unconscio tribute to suggestion. One has b to talk of fleas to cause many peop to itch uncomfortably. Many peop can be made to blush furiously, si ply by being told that they are goi to blush. The power of suggestion again shown in the often remarkab complete therapeutic effect that a h podermic injection of sterile wat has, when unknown to the patient, is substituted for morphine. The familiar examples of the role th suggestion plays in every-day li could be multiplied almost indefinite were further proof necessary of t universal presence of suggestibility.

Let any physician meet one of h acquaintance who is in robust healt let him remark with sympathy upo his pallor, his tired and ill appea ance, and then note the depressi effect; an effect which may influen every thought and action through the day. Let the same physici meet one who is really ailing; let hi this time dwell with enthusiasm the latter's youthful appearance, goo color, and healthy look, and then no again the change in expression, t smile of satisfaction, the differe step. Although these illustratio may seem trivial at the first glanc

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they, nevertheless, contain an indication of a power which may work strongly for good or strongly for evil, according to circumstances. Does the physician, in the instances just described, really make one patient ill and the other well, by mere words and manner? By no means. He does, however, in the first instance, produce a mild mental disorder accompanied by depression, during which all the bodily functions may be disturbed, and the individual even be rendered more susceptible to the inroad of disease. In the second instance he arouses in the patient feelings of self-confidence, encouragement, and hope, his bodily functions improve and he is thus actually strengthened in his fight against disease. Organic diseases cannot be cured by suggestion, but they can be helped by it; and the great number of diseases due to functional disturbances without organic change are usually capable of cure, largely through suggestion. In so far as truth will permit, patients should be filled with hope and encouragement, and they will then sleep better, digest better, think better, and get well more quickly. The truth and suggestion are not at variance; but the truth dressed in black may be an adverse suggestion of destructive force, whereas the same truth presented in more attractive guise may carry with it the very hope and cheer of which the patient stands most in need.

That suggestion is frequently employed quite unconsciously by most physicians in every-day medical life, according to the cheerfulness and hopefulness of their dispositions, is clear without much thought. That it would be employed to far greater advantage, and that important opportunities for its beneficial use would not so often be lost were every physician to equip himself for its intelligent use, is hardly in need of demonstration. But even if one does not realize the responsibility of making the most of a given therapeutic agent, surely there is little doubt that nobody can escape the responsibility of at least avoiding its misuse. As it is clearly impossible to do this without some knowledge of the subject, the study of psychology becomes a duty which no medical man can honestly overlook. I do not advocate that every physician should try to become an expert psychotherapist—that would be manifestly impossible—but it is my contention that he should have sufficient knowledge of psychology to take advantage of the manifold opportunities, presented in every-day experience, of using the suggestibility of his patients to their advantage, and that above all, he should be able to avoid counteracting his attempts at treatment (at times of actually neutralizing them), by inadvertent adverse suggestion.

To illustrate my meaning let me quote a few examples of what may be called adverse suggestion. They will, I think, prove not altogether unfamiliar types. In the first place, there is the gloomy individual who, by his supernaturally serious manner as well as by his every word, transmits his pessimism to every one he comes in contact with, but especially to those he intends to heal. The way he makes a physical examination, the way he looks at the tongue, the way he takes the pulse; each action adds its increment of adverse suggestion. The patient who before his visit was perhaps cheerful and confident, is now thrown into a state of cheerless apprehension, or at best is deeply impressed with the seriousness of all illness, and especially of his own malady. It is reasonable to suppose that this

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type of behavior is due to ignorance of the power of suggestion, rather than to disregard of the patient's welfare, and that a little knowledge of psychology would at once lead to reform.

The mechanical reiteration of some supposedly encouraging phrase such as "very good," or "first rate," used with the accompaniment of knitted brows and dubiously shaking head, is unconvincing and useless by way of suggestion; indeed, often most irritating in its irrelevancy. Manner and expression, as well as words, must be suited to the need of each individual patient, and to do this an elementary knowledge of psychology is as necessary as common sense.

The restless, evidently hurried, and patiently overbusy physician who is always late for his appointments, who never sits down quietly by the patient's bed, who is manifestly worried over the flight of time, inevitably impresses the patient, perhaps with his own importance, but certainly with the patient's unimportance—a suggestion clearly not calculated to fill the patient with the proper sense of comfort and reliance in his physician. There are better ways of economizing time than hurrying! One of our leading clinicians sharply criticised me on one occasion for having seemed hurried during a consultation. He said: "Don't ever make a visit on a patient without drawing up a chair and sitting down; standing and walking about the room are indicative of hurry and lack of interest on your part. That has a bad effect on the patient." Thus he gave me an important lesson in psychotherapy.

Fortunately the physician who thinks aloud while making his diagnosis is not very common, but he affords such an excellent example of the harm that adverse suggestion may do, that I venture to quote a case which has recently come to my notice. A lady who had what she thought was indigestion, sent for her physician. During his examination and the process of making his diagnosis he thought of and gave mumbling voice to, so many disconcerting possibilities and probabilities that when he finally "pronounced the case" to be simple indigestion it had little effect on the patient's conviction (for which he was entirely responsible), that something very serious was the matter. The patient in her distress demanded another opinion, and was finally reassured by another physician, but with the greatest difficulty. Yet such is the remarkable working of the human mind, that this patient, far from criticising her physician, commended him highly for his honesty in saying just what he thought, apparently entirely unconscious of the harm his "honesty" had done her; her confidence still unshaken. What a powerful therapeutic ally this same confidence might have been, had it been used, not abused!

Another way in which adverse suggestions are often inadvertently given, and I am convinced that it is the direct result of over-development of the scientific spirit of investigation, is that of putting the patient through a maze of mechanical and laboratory procedures as a matter of routine. Organs that he has never before been conscious of possessing are ruthlessly and often quite uselessly dragged before the stern tribunal of the doctor's scientific spirit. The physician is so interested in his truly interesting tests, so anxious to get at the exact truth, that he forgets his patient as an individual. He does not realize that these tests, all of which are strange to the patient, and some of which are at least very disagreeable to him, are redolent of suggestion. They inevitably bring before the pa-

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tient's mind, to a greater or less degree, the vast pathological possibilities inherent in him. Unchecked by any suggestion to the contrary, his imagination naturally does its full duty, and the last condition of that patient is worse than the first. There is no question as to the value of accurate diagnosis, and every help, whether bacteriological, chemical, or mechanical, should be called to our aid when necessary; but to put every patient through an elaborate system of clinical tests as a matter of routine cannot be too strongly deprecated. It is my conviction that no patient should be put through a single procedure, scientific or otherwise, that is not necessary to the clear understanding of his case, and that then the necessary tests should be made with every care to avoid unfavorable impressions—adverse suggestions. Indeed, in many cases I feel sure that the necessary tests may not only be shorn of their adverse suggestions, but may even be endowed with suggestions distinctly favorable to the patient. To do this a psychological as well as a physiological study of the individual case is absolutely essential. The following example, also taken from my own experience, I think will serve to illustrate my contention. It is, I feel sure, but one of a large number.

Mrs. L., for nearly a year wandered about from place to place in search of relief from what turned out finally to be autointoxication, with the not unusual complication of mental depression. After knocking about during this time from specialist to specialist, she was somewhat, though not much, worse. Various possible diagnoses had been submitted to her, none of them positive, all of them suggestive of dire possibilities. She was then persuaded to try a Western physician, well-known for his scientific and thorough work. The latter's assistant was sent with a bagful of apparatus to the sufferer's hotel; the apparatus was unpacked; it made a formidable display. A blood examination was made; blood pressure was ascertained by two different instruments; previously arranged for specimens of various excretions were accumulated. The better part of an hour was thus consumed, and the patient was duly, in fact, too thoroughly, impressed. Being a very intelligent woman and naturally an interested spectator of these proceedings, she asked the assistant the reason for each examination and what bearing it might have on her case. The assistant gladly, enthusiastically, explained each procedure and all the bearing it might have, not only on her case, but on various other cases. The patient said that when the assistant left, she felt as though none of her organs were above suspicion, and that a whole array of new possibilities had been set before her. She had been told that several days must elapse before the various examinations could be completed and the report handed in. In the meantime her thoughts were busy, and, in the absence of any favorable suggestions, they were not of a pleasant character. All the deadly diseases associated in her mind with the various organs on trial passed in gloomy review before her. An office visit was arranged for. A physical examination was made; then more urine was examined. Her stomach was then pumped out, and another blood pressure test was made. She was told it was all for diagnostic purposes, and not one word of favorable suggestion was used to counteract these depressing procedures. She felt that she was getting worse day by day. Adverse suggestion was

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doing its work. She grew more emotional; her depression became profound; her nights were more restless; her appetite disappeared; she was in a deplorable condition. More tests were made. Finally the whole verdict was in, it was—"neurasthenia." The patient would have been glad to believe it, but she could not. Adverse suggestion had done its work. Subconscious evidence as too strong. Science had reached the truth, but the patient was not the gainer; she on the contrary had been harmed, made worse. The cheerful assurance of ultimate health given her then had naturally very little effect on the now profound depression. Eliminative treatment had been instituted, with, however, the suggestion, unconsciously given by the physician but keenly appreciated by the patient, that no treatment was of much avail and that only time would effect a cure. She was then sent away to the country to get well. The next few months saw some slight physical improvement, but her mental condition remained about the same. She then fell into the hands of a doctor evidently thoroughly alive to the value of psychotherapy. This man studied her mental state as carefully as he did her physical condition. He treated the auto-intoxication as any intelligent physician would, but with this great difference —he went at it with assurance and used every other favorable suggestion that could be brought to bear. The result was brilliant. Insomnia, which had been greatly increased by adverse suggestion, entirely disappeared, and long, restful nights succeeded each other. Disturbed functions were reestablished; consequently, appetite and nutrition immediately improved. There was a rapid disappearance of depression and a return of interest in matters other than the patient's bodily condition. Anyone will read admit the very great gain to the tient in days spent in the hopeful ticipation of returning health, as co pared with a life continuously po oned by the constant thought of pending disaster. In a few weeks was well.

The contrast presented by this ca between the effect of treatment w adverse suggestion and that of pr tically the same treatment with fav able suggestion, is, I think, sufficien striking without further comme Furthermore, the case is undoubte illustrative of a very large class.

Let me quote one other case wh demonstrates the value of favora suggestion: Mrs. H., who for twe years or more had suffered from ob nate constipation in spite of hygie dietetic, and medicinal treatment, h pened one day, while waiting, to p up Dubois' "Psychic Treatment Nervous Disorders" which was ly on my table. Glancing through index she found that there was chapter on constipation, her "b noire." She read that chapter throu Many cases were described; the ca seemed, most of them, more sev than hers. She went home dete ined to try his system, and for t purpose she bought a copy of book in order to follow his directi to the letter. She did exactly as directs, and discarded her habit drugs. Except for the first day two, in which she had no very sa factory results, she has since then til now, a period of four months, a normal movement every sin morning, without any medicat whatever. The system Dubois scribes differs in no essential w save for the lack of all drugs, fr that which Mrs. H. had been foll ing for years. She had risen ev morning at a fixed hour, taken a gl

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of water on arising, had breakfasted at an equally fixed hour, and had gone to the toilet also at a fixed time. Besides, she had eaten quantities of fruits, taken a laxative every night, and had also taken plenty of water during the day. Until reading Dubois' chapter on constipation, a nightly laxative had been absolutely necessary. After reading this chapter, she abandoned all drugs. She began her day one hour earlier, merely in order to follow exactly to the minute the system laid down, but otherwise there was no change. The result speaks for itself, and the cause of this brilliant result is not far to seek;—a wise hygienic system, recommended with absolute assurance, backed up by authoritative mention of many cures, and explained simply, clearly, suggestively; in short, efficient suggestion. This patient since her own cure, has cured two other similar but more severe cases, by means of this same excellent chapter.

It is hardly necessary to quote authorities to prove the importance of suggestion, for it becomes evident as we have seen, merely by intelligent observation of daily experience. However, a list of the names of the foremost psychologists of today would serve my purpose as authorities, for the presence of suggestibility in the waking state is accepted by all as one of the fundamental facts of psychology. For example, Bernheim in his "Suggestive Therapeutics" shows that suggestibility obtains not only in hypnosis but in the waking state as well.

There is overwhelmingly strong evidence of the therapeutic power of suggestion in its simplest form, without hypnosis, in Dubois' now well-known book, "Psychic Treatment of Nervous Disorders." That the author creates some unnecessary confusion by giving the name of "rational persuasion" to that which has been defined by the best authorities as suggestion, is of very little moment. His psychotherapy none the less depends absolutely on the laws of suggestion, not only in its method of application but also in its operation and results.

Lately Sidis, by a series of very careful scientific experiments, described in his really remarkable book "The Psychology of Suggestion," has proved beyond peradventure that "man is a suggestible animal, par excellence," and that "the subwaking self surpasses the waking self in sensitiveness normally as well as in hypnosis."

G. von Voss shows his conviction of the extent of normal suggestibility by saying: "Hypnosis is not a pathological condition; it can be produced in almost every normal human being."

Forel states in "Hypnotism and Psychotherapy": "I cannot emphasize sufficiently that suggestibility is an absolutely normal characteristic of the normal human brain." Illustrating the power of unconscious adverse suggestion the same author says: "I am fully aware that I once suggested a gastric ulcer to a patient in whom I suspected this condition, by having a serious countenance and by carefully palpating the region of the stomach, and ordering rest in bed and a milk diet. I suggested the pain by means of a pointed question, and the result of my want of knowledge of suggestion at this time was that the patient was confined to her bed for many months by a suggested illness, which was not really there."

Many other well known names such as Vogt, Moll, James, and Munsterberg could be added to the list. Authority is not lacking, the facts are clear, and the clinical results evident. Indeed, there is today no more excuse for neglecting suggestion than there is

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for neglecting any other therapeutic agent of recognized activity. In fact, there is less reason for so doing, for unlike drugs and instruments, suggestion when neglected, will not lie quietly in an unused corner of the medicine cabinet, but follows the physician about willy nilly and exerts its power haphazard for good or evil through him on each one of his patients.

The importance of avoiding adverse suggestion is but the logical corollary of the foregoing. Adverse suggestion is manifestly as great a sin against efficiency as is the use of dull instruments or impure drugs.

To avoid the evils of adverse suggestion and to take advantage of all the good inherent in favorable suggestion is clearly the duty of every physician. To accomplish this with complete success, it is necessary that one should always keep vividly before one's mind the following facts:

1. The ultimate object of all medical work, whether clinical, experimental, chemical, or whatnot, is relief of suffering. 2. Suffering is a mental process and stands in relation to bodily ills not only as effect, but also as cause. 3. Every patient is suggestible and is, therefore, a highly individualized psychological as well as a physiological problem, and should be studied and treated as such.

Therefore, it is obviously as necessary that the physician should acquire a knowledge of psychology and of its application to medicine as it is that he should be familiar with physiology, pathology, or materia medica, for they are all intimately correlated component parts of the one great entity—the Healing Art.—Medical Record.

Laryngeal Crises in Tabes.

O. T. Freer, Chicago (Journal A. M. A., September 5), calls attention to the early laryngeal symptoms of tabes and the possibility of their being attributed to slight local disorders, as in a case which he reports, where a small cyst of the lingual surface of the epiglottis, of no consequence whatever, had been deemed the cause of persistently recurring glottic spasms characteristic of tabes. He refers at some length to Semon's account in Heymann's Handbuch of these laryngeal crises associated with isolated paralysis of the abductor muscle of the vocal cord, which Semon calls the tabetic form of laryngeal paralysis par excellence. The posterior paralysis only causes notable symptoms after a long period and is usually only discovered when a laryngoscopic examination is made. The spasmodic recurrent abductor contraction may after a long time lead to permanent contracture of the cords, causing serious dyspnea. The only other condition causing like symptoms, preliminary cough, more or less pronounced spasm of the glottis and sometimes falling down and unconsciousness—is ictus laryngis, but the entire lack of other symptoms of tabes when sought for, will serve to distinguish it. The isolated paralysis of the abductors is in accordance with Semon's law that an organic interference of slow development with the function of a recurrent laryngeal nerve always leads first to paralysis of the abductor muscle, the constancy of which may be regarded as proved—certainly as regards the tabetic laryngeal paralyses. These form only a part of the group of paralyses resulting from pathologic degenerative changes in the cranial nerves or their medullary origin in this disease.

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Personal

Oregon.

Dr. A. B. Starbuck, of Dallas, spent his vacation at Newport.

Dr. M. Dittebrandt has become settled at Woodburn.

Dr. I. M. Cromwell, of Union, was in La Grande last month.

Dr. J. A. Fulton, of Astoria, is erecting a three-story apartment house.

Dr. W. G. Cole, of Pendleton, has bought a cottage at Seaside.

Dr. M. Dittebrandt, formerly of Portland, has moved to Woodburn.

Dr. J. W. Harris, of Eugene, was a visitor in Portland last month.

Dr. Kuykendall, of Eugene, has returned home from his vacation.

Dr. K. A. Leep, of Myrtle Point, is thinking of locating at Eugene.

Dr. George Wall, of Eugene, is home from a trip in the East.

Dr. Chas. A. Ault, of Enterprise, visited on the Coast last month.

Dr. J. F. Wood, of Condon, was a visitor at The Dalles last month.

Dr. J. W. Harris, of Eugene, was a visitor in Portland last month.

Dr. Lloyd Irvine, of Portland, had an outing last month at Newport.

Dr. Gustav Barr, of Portland, visited at Seaside during the month.

Dr. Edna Timms, of Portland, visited friends last month at Newburg.

Dr. J. S. Bishop, of Forest Grove, has gone East for post-graduate study.

Dr. C. H. Meisner, of Oregon City, has returned from his Eastern trip.

Dr. J. A. Pettit, of Portland, visited his parents last month at Centerville.

Dr. L. K. Blakeslee, of Pendleton, has a forty-horse power automobile.

Dr. and Mrs. E. D. Steinkamp, of Granite, have been visiting at Island City.

Dr. Paine, of Eugene, is changing his office into more commodious quarters.

Dr. C. H. Brewer, of Stayton, spent three weeks last month in the mountains.

Dr. and Mrs. J. H. Fell, of John Day, were visiting at the Coast last month.

Dr. R. O. Payne, of Ontario, had an outing trip in the vicinity of Payette Lake.

Dr. George E. Dix, of Marshfield, took a trip to San Francisco last month.

Dr. De Witte A. Paine, of Eugene, spent some of the heated term at Newport.

Dr. W. L. Marsden, of Burns, went to Los Angeles last month to visit his father.

Dr. George H. Merryman, of Klamath Falls, took a trip to Quaker Lake last month.

Dr. E. P. Geary, of Portland, spent a few days at his ranch near Medford last month.

Dr. F. M. Day and wife, of Eugene, spent some of the heated weather in Halzeldell.

Dr. H. E. Currey, of Baker City, is interested in some placer diggings at Trail Creek.

Dr. R. G. Gale, of North Bend, underwent an operation last month for appendicitis.

Dr. and Mrs. H. Logan, of The Dalles, took a trip last month to Puget Sound.

Dr. O. S. Binswanger, of Portland, was a Seaside visitor during the heated term.

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Dr. W. L. Cheshire, of Eugene, went with the National Guardsmen to the encampment.

Dr. W. Kuykendall, of Eugene, spent part of the hot weather at Triangle Lake.

Dr. Hugh Logan and wife, of The Dalles, have returned from their tour of the Sound.

Dr. W. L. Marsden, of Burns, has returned from a visit to his parents in California.

Dr. and Mrs. H. S. Garfield, of Pendleton, have returned home, after six weeks' outing.

Dr. C. E. Loomis and family, of Eugene, camped last month on the McKenzie river.

Dr. F. C. Hewett, of Lostine, has gone to San Francisco to take a post-graduate course.

Dr. A. S. Nichols, of Portland, spent some little time last month at his cottage at Tioga.

Dr. W. G. Cole and family, of Pendleton, have returned after two months' vacation.

Dr. E. L. Jones and daughter, of Sodaville, visited friends in Brownsville last month.

Dr. E. B. Stewart, of Goldendale, Ore., is just back from a post-graduate course in the East.

Dr. Edwin C. Rose and family, of St. Helens, had a pleasant vacation in the Nehalem Valley.

Dr. G. E. Bruere, of Portland, spent ten days at Kitson Springs, where he shot a few deer.

Dr. C. T. Bacon, of La Grande, had a pleasant outing with several friends in the Wallowa valley.

Dr. Emil Pohl, of Portland, has gone to Fairbanks, where he expects to remain for the winter.

Dr. J. H. Thompson, of Joseph, was acting mayor last month during the absence of the mayor.

Dr. C. E. Loomis and family, of Eugene, have returned from an outing up the McKenzie river.

Dr. and Mrs. Andrew C. Smith, of Portland, visited friends last month on the South Coos river.

Dr. N. Molitor, of La Grande, spent some of the heated term at Long Beach with Mrs. Molitor.

Dr. Geo. F. Wilson, of Portland, has been reappointed a member of the City Board of Health.

Dr. R. O. Payne has returned to Ontario from an extended camping and hunting tour in Idaho.

Dr. Wm. C. Hawk, of Bay City, is starting a hospital. It will be free for all physicians in the county.

Dr. Kinney, of Astoria, who is now in Berlin, writes to his friends that he will shortly be in London.

Dr. J. T. McCormac and family, of Marshfield, have returned from their bungalow on South Coos River.

Dr. J. F. Wood, of Condon, has purchased a new automobile, and he rode in it from Portland to his home.

Dr. E. W. Rossiter, who recently removed to Bandon from Portland, has secured a house in which to live.

Dr. G. A. Pogue, of Ontario, had a pleasant fishing and hunting expedition last month on the Cottonwood.

Dr. and Mrs. T. C. Humphrey and family, of Portland, enjoyed the sea air at their cottage on Long Beach.

Dr. A. C. Seeley, of Roseburg, will spend several months this fall in the East, taking a post-graduate course.

Dr. W. Kuyendall, of Eugene, has filed on a water-power site on Lake Creek, to be used for electrical purposes.

Dr. Hugh S. Mount, of Oregon City,

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was in a runaway accident last month, but was not seriously injured.

Dr. R. A. Jayne, of Springfield, is leaving that town for Hood River, where he will be associated with Dr. Shaw.

Dr. and Mrs. C. W. Tower, of Marshfield, have returned home after their summer visit on the South Coos river.

Dr. Jay Tuttle, of Astoria, visited Dr. Tower, of Marshfield, in his summer camping up the Coos river last month.

Drs. E. E. and Belle Ferguson, of The Dalles, write their friends that they are having a most enjoyable trip abroad.

Dr. J. C. Booth, of Lebanon, attended the meeting of the California State Medical Association, where he read a paper.

Dr. G. G. Talmage has removed to Burns, and will be associated with Dr. J. W. Geary in the practice of medicine.

Dr. Romig and daughters, of Newburg, have returned from an extended visit with relatives and friends in Michigan.

Dr. J. R. Robinson, of Riddles, has charge of Dr. Houck's office at Roseburg during the absence of the latter in the East.

Dr. Chas. H. Newth, of Philomath, had a visit from sneak thieves last month, and lost some money and other valuables.

Dr. and Mrs. R. L. Gillespie and friends, spent part of their vacation at Point Loma, on Long Beach, during July and August.

Dr. E. B. McDaniel, of Baker City, is feeling happy over the fine strike of ore recently found in a mine in which he is interested.

Dr. Clayton S. Seamann, of Portland, was visited by burglars last month, but they were scared off before they did any damage.

Dr. Walter Gavey, of Condon, came to Portland last month to meet his wife and little son, who have been visiting friends in California.

Dr. George Wall, of Eugene, attended the Supreme Council of the Mystic Shriners at St. Paul, and spent two weeks at Rochester, Minn.

Dr. Ida S. Stone, of Klamath Falls, has a reputation of catching the largest trout of the season. Newspapers report its weight as being 12 pounds.

Dr. A. F. Sether, of Glendale, Ore., is now east in post-graduate work. Dr. Sether is a Rush graduate and was formerly with Dr. Oviatt, of Oshkosh.

Dr. and Mrs. R. A. Jayne, who are just leaving Springfield for Hood River, entertained their old friends at Springfield last month at a lawn party.

Dr. Alexander Reid, of Portland, went to Bend last month to assist Dr. U. C. Coe in a surgical operation. Dr. Reid spent some little time near Bend, fishing.

Dr. Chas. Hines, of Forest Grove, went with his family on his ranch at Gales Creek during the hot weather. He had plenty of good fishing during his vacation.

Dr. C. H. Brewer, of Stayton, with a party of friends, started for Eastern Oregon last month for a vacation, but shortly returned because the altitude was too high.

Dr. J. W. Harris, of Eugene, has moved into new rooms in the First National Bank Building, he having occupied rooms in the building he has just left for 17 years.

Dr. A. A. Finch, of Astoria, made certain revelations regarding the

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tamale factory in his town, and the result is that not so many tamales are now eaten as formerly.

Dr. Roy C. McDaniel, of Baker City, was married on the 1st inst. to Miss Myrtle Payton. Dr. and Mrs. McDaniel came to Portland and the coast for their honeymoon.

Dr. C. J. Smith, of Pendleton, was called last month to Pilot Rock to see a patient. The Doctor is finding himself busy with his practice again, after his long absence in Europe.

Dr. H. S. Pernot and family, of Corvallis, have gone East for a few months' absence. The doctor will take a post graduate in medicine, and his office will be looked after during his absence by Dr. Will Johnson.

Dr. Katherine Schleff, of Cottage Grove, narrowly escaped drowning in the Coast Fork river last month. She was driving with a friend, and while rounding a narrow grade on the river bank, the horse shied and threw the buggy and occupants into the water.

Dr. J. B. Roth, of Portland, has just returned from Chicago, where he put in a month in the post-graduate school, and visited all the principal hospitals. The Doctor has secured the re-appointment as head physician of the Modern Woodmen of America for Oregon.

Dr. Louis J. Wolf, of Portland, who was the physician of one of the Peary Arctic expeditions, has recently received letters from friends on the steamer Roosevelt, which is now working its way in the Polar ice. Dr. Wolf is well acquainted with all the men on board the Roosevelt.

Mr. Wm. H. Richards has been appointed northwest representative of the Deimel Linen Mesh Co., and is now in this territory. Mr. Richards succeeds Dr. Cracknell, who for many years so splendidly represented this house. Mr. Richards is making many friends for himself and the house.

Dr. Luther H. Hamilton, of Portland, was married on the 2nd inst. to Miss Anwylyd Jones. Dr. and Mrs. Hamilton have gone East and will sail for Europe on the 16th inst. They will be gone several months, during which time the Doctor will take a post-graduate course in European medical centers.

Dr. Hugh S. Mount and **Mrs. Matilda Miller**, both of Oregon City, were married at the home of the bride on Wednesday, September the ninth. Immediately following the ceremony the young couple left for New York, where the Doctor intends taking post-graduate work. On his return he will resume his practice in Oregon City.

Washington.

Dr. H. L. Miller has located at Port Orchard.

Dr. S. D. Barry has removed from Utah to Puyallup.

Dr. T. D. Ferguson, of Colfax, has been on the sick list.

Dr. B. G. Godfrey, of Chehalis, spent his vacation at the beach.

Dr. F. S. Sandborg, of Anacortes, has removed to Bellingham.

Dr. J. S. Newcomb, of Everett, went on a hunting trip last month.

Dr. R. C. Mickkelsen, of Ephrata, has moved into a new office building.

Dr. Wm. Van Der Volgen, of Enumclaw, spent a few days in Seattle last month.

Dr. S. S. Howe, of Lynden, has returned from several months' study in Chicago.

Dr. H. P. Marshall, of Pullman, has

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gone to Europe to take a post-graduate course. He will be away for a year.

Dr. D. R. Campbell, of Pullman, went on a fishing trip last month to Montana.

Dr. and Mrs. B. G. Godfrey, of Chehalis, took their annual fishing trip last month.

Dr. and Mrs. J. O. Van Winkle, of Oakville, visited friends in Centralia last month.

Dr. and Mrs. L. R. Markley, of Bellingham, visited friends at Lynden last month.

Dr. L. B. Harvey, of Colville, had an automobile trip in British Columbia last month.

Dr. S. Wilhelmy, of Wenatchee, has purchased a hospital building owned by Dr. McCoy.

Dr. H. M. Fryer, of Riverside, had an unusual number of blood poisoning cases last month.

Dr. Chas. R. McKinley and family, of Brewster, spent ten days in the woods last month.

Dr. I. N. Power, of Cle Elum, spent some weeks last month at Green River Hot Springs.

Dr. W. H. Axtell and family, of Bellingham, spent some time last month near the water.

Dr. E. L. Kniskern and family, of Centralia, will move into their new residence next month.

Dr. I. N. Power, of Cle Elum, has been spending some time during the summer at Hot Springs.

Dr. W. R. M. Kellogg, of Seattle, underwent an operation last month for abscess of the liver.

Dr. F. W. Nagler, of North Yakima, had a pleasant camping trip with his family at Cle Elum Lake.

Dr. and Mrs. Henry Mitchell, of Wilson Creek, gave a lawn party to their friends last month.

Dr. N. B. Mattice, of Sedro Woolley, has recently purchased a new seven passenger automobile.

Dr. H. M. Fryer, of Riverside, is County Health Officer, and is very actively performing his duties.

Dr. Chas. McCutecheon, of Tacoma, accidentally took some poison, last month, and died as a result.

Dr. and Mrs. W. A. Mosier, of Tekoa, spent some time at a camp at Lake Chatcolet last month.

Dr. Carl M. Erb, of Bellingham, has given during the summer some pleasant entertainments on his sailing yacht.

Dr. H. L. Petit is a new comer at Chehalis. He is a graduate of the college of physicians and surgeons in Boston.

Dr. Geo. F. Cook, of Bellingham, and a friend had a thrilling experience while bringing their new launch up from Seattle.

Dr. James A. La Gasa has been appointed resident physician at the Fannie Haddock hospital in Tacoma, in place of Dr. Chas. McCutcheon, who recently died.

Dr. H. Josephine Whitney, of Davenport, has returned to Los Angeles, Cal., to spend the winter. She is suffering with rheumatic heart trouble, and the high altitude of Davenport is too much for her.

Dr. H. J. Whitney, of Davenport, spent several days the first of the month at Wenachee and Cashmere, looking after his orchards. He also let a contract for a brick residence, to cost $5,000, at Cashmere.

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Idaho.

Dr. F. H. Brandt, of Boise, has gone East to take a post-graduate course.

Dr. and Mrs. W. F. Pike, of Twin Falls, spent two weeks at Long Beach.

Dr. E. Kleinman, of Hailey, met with a slight runaway accident last month.

Dr. H. P. Ustick and family, of Boise, visited the Yellowstone Park last month.

Dr. M. M. Harshbarger, of St. Anthony, took a business trip to Chicago last month.

Dr. I. R. Woodard and wife, of Payette, had a ten days' outing in the woods last month.

Dr. T. O. Boyd and family, of Twin Falls, had a short camping trip on the Shoshone basin.

Dr. and Mrs. W. E. Patrie, of Blackfoot, visited friends at Port Townsend, Wash., last month.

Dr. H. P. Ross, of Nampa, spent six weeks in the mountains this summer hunting and fishing.

Dr. John H. Shepherd, of Coeur d'Alene, has moved his office into more commodious quarters.

Dr. J. K. Clarke, of Weiser, has returned from an extended vacation, during which he visited several Eastern cities.

Dr. J. F. Adams, of Pocatello, and several families went last month up the North Fork of the Snake river on a fishing trip.

Dr. Chas. S. Moody, of Mullen, has moved to Sandpoint. He will enter into partnership at Sandpoint with Dr. Frank T. Harris, who has moved there from Wallace.

Dr. Wm. C. Maxey, of Caldwell, went last month to Illinois, his old home, to visit relatives and friends. While away he will incidentally look up a claim that he has for Lieutenant's pay for twenty months' service in the Civil War.

Sodium Perborate.

W. A. Puckner and H. A. Clark (Journal A. M. A., September 5), report an examination of this chemical compound, the advantages of which over hydrogen peroxid have been widely advertised of late years. Their examination is reported in detail and they conclude that, while sodium perborate may possess some real advantages over hydrogen dioxid in that solutions can be prepared extemporaneously and may be had either of an acid or an alkaline reaction, it is to be regretted that it is put on the market with exaggerated claims. Their analyses show that no less than hydrogen dioxid, it is of uncertain strength, and that, at least as sold by the Roessler & Hasslacher Chemical Company, it is an unstable product, and that, as found on the market, it does not contain from 9 to 10 per cent of available oxygen, but barely two-thirds of that amount.

A Tube for Vapor Insufflation of the Middle Ear.

Percy R. Wood, of Marshalltown, Iowa, describes a tube devised by him for the treatment of chronic middle ear catarrh with its annoying tinnitus and progressive sclerosis. It is curved, with an end shaped to place in one nasal orifice, and the other to contain the medication it is desired to use. A sudden expiration when the tube is in place drives the vapor into the middle ear and adjoining cavities.—Medical Record.

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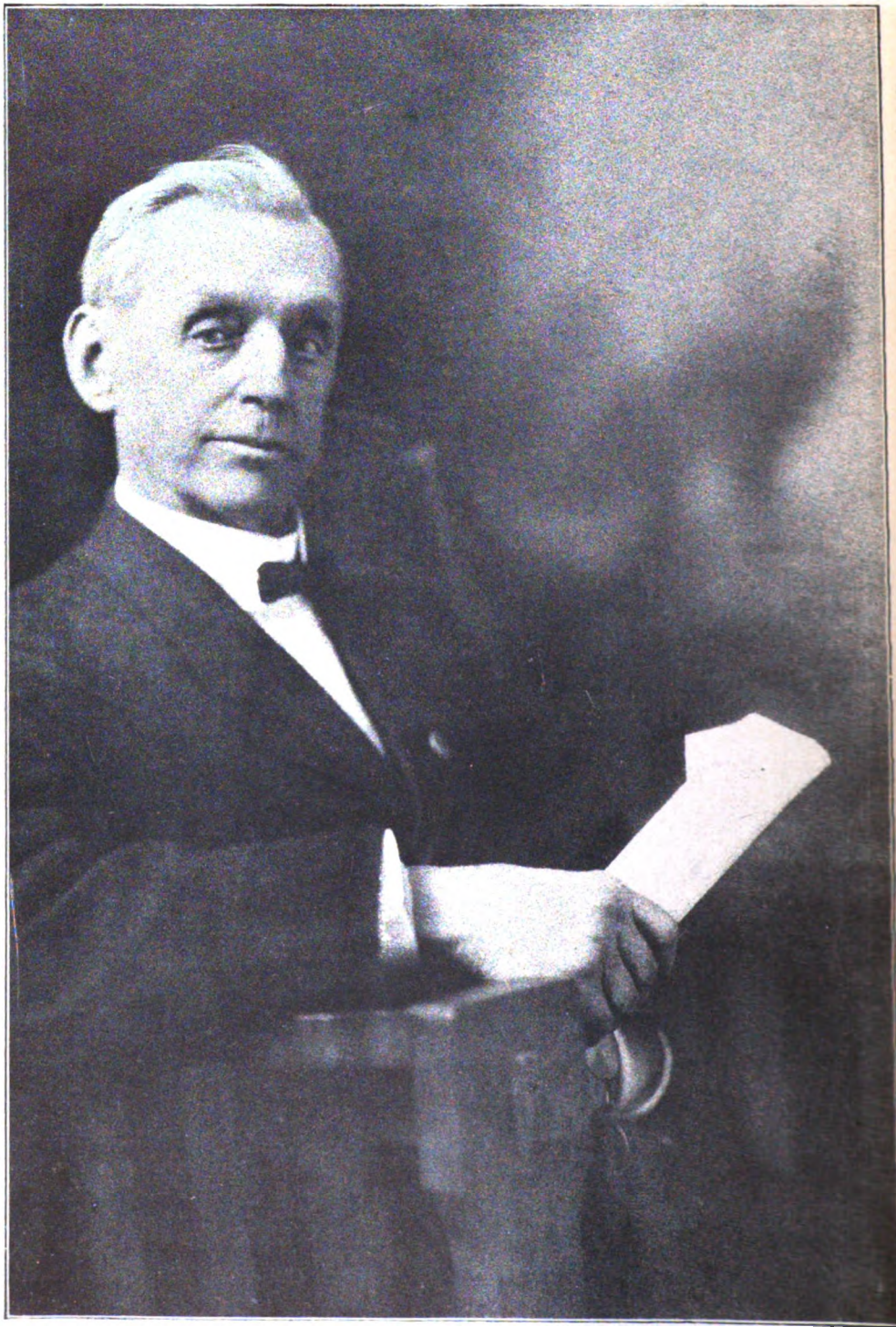

NELSON G. BLALOCK, M. D.

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Walla Walla, Wash.

MEDICAL SENTINEL

OCTOBER
1908

Volume XV **Number 10**

Notes

The Central Willamette Valley Medical Association met on September 3rd, at Albany. A very interesting meeting was held, and Dr. Ralph C. Matson read the paper of the evening on vaccine treatment of tuberculosis.

The Whitman County (Wash.) Medical Association held its bi-monthly meeting on the 22nd ult. at Colfax. Acting upon the suggestion of Dr. J. Earl Else, of Pullman, the society decided to open an educational campaign in Whitman county relative to tuberculosis. Other matters of interest were discussed.

The Medical Association of Polk and Yamhill Counties was organized at Dallas on the 9th inst. Officers were elected as follows: President, Dr. Gilstrap, of Sherman; Secretary, Dr. L. A. Bollman, of Dallas. A committee was appointed consisting of Dr. Starbuck and Dr. Bollman, of Dallas, and Dr. Cook, of McMinnville, to draft a constitution and by-laws. The next meeting is to be held the first Monday in December. The members of the new association plan to extend its territory until it shall comprise several of the counties adjoining Polk and Yamhill.

Nobody was more entitled to a good, long vacation than Dr. A. J. Giesy, of Portland, and he had a delightful one, just completed. The Doctor, with Mrs. Giesy and son, have just returned from a three months' cruise among the tropical islands of the Pacific. They met the American battleships in New Zealand; went to Australia, and on their trip stopped at such charming islands as Honolulu, Fiji, the Friendly islands, Samoa and elsewhere. The Doctor expressed his opinion that Vauvau, one of the ports of the Friendly islands, is about the most delightful place he ever visited.

A paragraph in the Philadelphia Evening Bulletin states that for the first time in several years the degree of Master of Pharmacy was con-

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ferred by the Philadelphia Pharmacy College upon five distinguished men from different sections in the United States who have attained distinction in the art of preparing medicines and drugs. Among those who received the honor was Samuel W. Fairchild, of New York, of the Company of Fairchild Bros. & Foster. The many physicians throughout the country whose patients are benefited by the use of the preparations of this firm, will be interested in this item of news.

The health departments of Seattle, Tacoma and Spokane are endeavoring to effect a plan for securing better laws governing sanitary inspection, quarantine and the general safeguarding of the public health; to promote better fellowship and closer acquaintance among each other, thereby promoting the public welfare, and to work in harmony and with energy in all matters pertaining to the physical betterment of mankind. This is a most laudable object, and we hope that it will be successful. About the 15th of next month a second meeting will be held in Seattle to perfect an organization, when a constitution and by-laws will be presented and considered. There are 168 health officers in the State of Washington, and it is proposed to bring them all into membership, and secure their co-operation.

Cities as near the sea as Portland, Seattle and Tacoma are not troubled with the sewage problem as are the inland cities, where they have nowhere to deposit their sewage except into rivers that still have several hundred miles to travel before reaching salt water. The inhabitants further down stream object to the pollution of the waters that flow past their doors. In some localities attempts are made to destroy the pathogenic germs by running the sewage through septic tanks. This is good as far as it goes, providing the septic tanks are properly built, and do their work well. But it takes some little expert knowledge to get them the right size to do good work, their size depending, of course, upon the amount of sewage that has to go through them. The problem has not nearly been settled yet, and there is a great field here for sanitary engineers to work in the disposal of sewage without harm to the inhabitants at or below the point of flow.

Much hostile criticism is made of the tendency which exists in this country to disregard the laws which are upon upon the statute book. It is very much to be regretted that sometimes a man occupying so prominent a position as that of superintendent of schools, will use his voice in favor of law breaking. Supt. Wilson, of Aberdeen, Wash., schools is quoted in a local paper as giving his opposition to the vaccination law, or at least has stated that he is not in favor of its enforcement. Under the State law it is required that children before they attend school, should be vaccinated. It especially provides that it is the duty of the Board of Directors of the schools to require successful vaccination as a condition of school membership, and to provide free vaccination for all who are unable to pay for the same. The school superintendent who encourages the parents of his pupils to violate the law, is hardly fit for the place.

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Editorial Notes

Proposed New Law in Washington.—The members of the King County Medical Society at Seattle are alive to the importance of a change in the law of their state relating to the practice of medicine. They have recently passed a resolution looking to the enactment by the next legislature of a copy of the Arizona law on the subject, which is regarded as being a model. It provides that any person practicing medicine or surgery within the state without first having obtained and filed a license to do so, shall be fined in varied sums. Evidence that the defendant has failed to file a license with the County Clerk is to be considered prima facie evidence that the defendant is not a legally licensed practitioner. Any person is to be deemed as practicing within the meaning of the act who by advertising or any notice signed, or other indication, announces his willingness to treat any human disease. We hope that the Society will be able to secure the election to the legislature of enough members who see the desirability of this proposed measure to secure its enactment.

Oregon State Report and a Small Potato.—A neatly printed copy of the Transactions of the late Oregon State Medical Society is at hand. The Secretary has succeeded in preventing the publication of some of the best papers read at the late meeting by burying them in these Proceedings. We say "burying," as no one ever reads these volumes. He was under instructions of the late meeting to deliver certain papers to the Medical Sentinel, but did not do so. Dr. Crile wrote us, for instance, that the Secretary had promised to deliver to us an extra copy of his paper which had been sent to him expressly for the Medical Sentinel, which obligation the Secretary did not keep. The Proceedings of this year and last represent an expense of about $250.00 from a treasury already depleted, **over and above what the work would have cost if in the hands of a fair Secretary,** and above an offer made the Secretary to publish such Proceedings. These funds were not his own. They belonged to the State Society. As clear a mal-appropriation of funds as one would wish to see.

In every hill there is a "Small Potato." Someone willing to do the underground work. The present Secretary is the Small Potato of the C. C. C. Combine. His enemies permitted his re-election merely because it was supposed he would this year follow instructions. What the Small Potato lacks in other qualifications, he makes up in words, words, words. If there are any others who have not had a sample of pure and unadulterated ingratitude, we commend them to the present, although temporary, Secretary. He well mates with the leader of the combine with which he has associated himself, from the standpoint of ingratitude.

"Peace Hath Her Victories."—It is as it always has been, a policy of the Medical Sentinel to allow no personal reasons to guide its editorial utterances. Fifteen years in the practice of medicine means plenty of hardships, and the cause, real or imaginary, for entering into much acrimony, yet the editor of the Medical Sentinel in more than fifteen years never published a harsh line against anyone. It is a wonderful record. Some seem to have taken it as evidence of timidity, we greatly fear. That was wrong.

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EDITORIAL GOSSIP.

The Walla Walla Meeting.

Walla Walla, prosperous and contented, the southern metropolis of the great Inland Empire, monarch of all she surveys, well may anyone be satisfied who resides within her limits.

All glory to Marcus Whitman—physician, farmer, pioneer, missionary and martyr—a soldier of American fortune hoisting the American flag over a region from whence as long as civilization of the American type exists may it never be hauled down. Man of glory, immortalized in prose and verse, physician of endurance and power and sublime ability, it was for you to discern some of the possibilities of the great Walla Walla country, to settle down here, to make it famed, the world over, and now Walla Walla has builded for you, Whitman, another lasting monument,—the glory of a physician, and of all physicians,—Whitman College, with its rapidly growing endowments. Whitman and Walla Walla! Walla Walla and Whitman! Today what names to conjure by!

What a fitting environment for a great medical meeting Walla Walla offered us at the recent session. She had a great physican as her greatest pioneer. She has always had some of the most remarkable men of the whole country in practice within her limits. Walla Walla has been a medical centre since the day of the advent of the earliest white men in the North lands of the Pacific. She is a medical centre today. Whitman and Barker and others of the older school, and N. G. Blalock, of both the old and the new era. And there was Bingham, great though not faultless, and others, many in number, who also have passed away. Today—and names would be needless—Walla Walla has several practitioners of the healing art, whose work is equal to that produced anywhere else in the whole broad land. There is something in precept and in example, in history and tradition, and Walla Walla may well be proud of its physicians of today, who under the shadow of the monuments and the memory of great medical men and great medical events are now daily living the part.

The meeting was a great success. It could not be otherwise with the local men behind the enterprise. There was the true Walla Walla spirit—the Walla Walla medical spirit in the session. With the modesty characteristic of the old time medical Walla Wallan, the wisdom of meeting off the regular lines of travel and away from one of the three larger cities of Washington—Spokane, Seattle or Tacoma—was somewhat debated by the Walla Walla doctors themselves, but with a given duty, the obligation was met in a manner many fold above the requirements. Every visitor was made happy. Every member went home proud of the profession of Walla Walla. The Nineteenth Annual Meeting of the Washington State Medical Association was voted a great success.

There were, of course, the little politics of most medical meetings, but this work was largely confined to the House of Delegates. The principal bone of contention was over the new presidency. This, however, had been incubating for some months. It was a question, largely, whether the official organ of the state society was to have an endorsement. Its editor was a candidate for the presidency. Should he be elected? It was the old question. The outs

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against the ins in a society matter. An official organ must be managed by someone. Those not in the management cannot help but be overlooked. That is why the official organs everywhere, except in the case of the large national journals, are having such a fitful existence and are generally on the wane. We doctors will stand it if the owner of an independent journal says something favorable of our neighbor or projects the articles of our hated rival into print, but the paper we ourselves own will not be forgiven for such an unreasonable and contemptible use of its pages to destroy us. No, sir. None of that for us!

On the third day, however, the matter came to focus, and by one majority, the editor of Northwest Medicine won. Seattle, with its very large representation, and a few outside votes, grasped the crown for the editor, one of Washington's best medical men—Dr. C. A. Smith.

In defense of our editorial confrere, let me say that this opposition to Dr. Smith was not in the nature of a personal assault upon him. There were many things which entered into the matter. One of these was the old and never-ending opposition to the "Seattle spirit" from sections outside of that bustling metropolis. The bandying claim of Dr. McKone, who was a member of the House of Delegates from Tacoma, that the name of the society should be changed to the "Washington State-Seattle-Northwest-Medicine-Medical Society" was in point. Seattle has been supposed, at most, to have the meeting once in three years. The session was held there last year. She was not entitled to the session next year under that general plan. With more than ordinary skill, she went after other societies for Seattle for next year as a starter, and then went to Walla Walla asking the selection of Seattle for the meeting place for the very good reason that the Exposition is to be held there next year and because another state medical society—that of Oregon—and a provincial society—the British Columbia Medical Association—had already met, accepted the Seattle meeting place, and adjourned sine die.

There has long been a custom in Washington that the president shall be chosen from the city where the meeting is to be held. This gave the Northwest Medicine people a chance to ask for the selection of a Seattle doctor, in the person of the editor of that magazine. With plans on for a change in medical magazine matters, this was deemed desirable. Opposition to Seattle brought opposition to Dr. Smith.

Those from towns outside the favored three cities declared that now was a good time to break up the custom of demanding that the presidency should follow the society, a rule which cuts out a great number of splendid physicians from all over the state who do not live either in Seattle, Tacoma or Spokane, from ever being president of the society, but which rule, Seattle, with the aid of certain influences in Spokane and elsewhere had been able to make as binding as though in the organic law. Those opposing the rule, pointed out that the selection of the present president, Dr. Suttner, was an evidence of the way the rule worked when combined with the law of the society which reads that a man must be present at the meeting, and have been a member of the state society for two years, to be eligible for the presidency, and where, after Walla Walla had been selected, only Dr. Suttner had been, of the men present from Walla Walla, two years

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a member of the state society, virtually compelling his selection. That while the Walla Walla outcome had been satisfactory, the law and the rule made a bad combination and might do great damage to the society. Therefore, it was argued the rule should be broken by electing someone outside of Seattle as president.

But there was another reason. That was in the person of the opponent to Dr. Smith. This gentleman was Dr. D. E. Biggs, of Bellingham. Dr. Biggs is one of the popular doctors of Washington. He is an all around good fellow, a good mixer, who, it was thought, would thereby help Fair as well as society, and who was thought to be entitled to something from the society in recognition of his services in taking up the medical bill after it had been vetoed by a republican governor, and although a democrat himself, had passed it through the republican legislature over such veto. He need not feel badly in defeat, however, as he had but to have gotten one more vote to have succeeded, and his successful opponent is a splendid fellow, who has been a constant worker for the society.

Outside of this little matter, and this contest was a genteel affair for difference between doctors, there was not a ruffle of excitement or friction anywhere. It was one grand medical love feast.

The whole profession of Walla Walla worked hand in hand for the success of the session, and if they have any differences there, they were sidetracked during the session. Naturally the president has the greatest burden, but none shirked his duty, and every man was in good cheer.

The question of the combination of medical journals, or starting a new one, came before the society, and a committee was appointed to act with a like committee from Oregon and from Idaho to discuss the question of a joint official organ for the three societies. The initiative in this movement occurred at the Oregon meeting upon a motion seconded by the editor of the Medical Sentinel, and Dr. Mackenzie presented the matter before the Washington society, asking for the appointment of such committee at this meeting. Idaho will appoint a like committee, we trust, at its coming meeting.

The number of papers upon the program was forty-seven. The number read, as is usual, was a good many less. At the last of the third day, time became limited and a number of unread papers were bunched and read by title. The papers were of a high order, as a whole, and much scientific work was accomplished.

The discussions were quite full and interesting, and manifested the high professional attainments of the general practitioner of medicine of the state of Washington, none higher being found in any state in the Union, owing to the splendid boards of medical examiners which the Commonwealth has possessed for the past twenty years or so.

The attendance was very large for an interior city, being above 125, the registry being published elsewhere.

Dr. Joseph C. Bloodgood, of Baltimore, was the leading light from abroad. This is his third visit to the Northwest to deliver a medical paper, or series of talks, and we all love him very much. He is one of America's greatest surgeons and teachers, and what he says is always interesting.

If I were to criticise the Doctor I would say to him, as I would to any other visitor who should be made an

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invited central figure for a state medical society, that while the society, and everyone present owes much to such visitor for what he presents to the society, that the visitor owes to the society the courtesy of preparing his paper for delivery, rather than giving a general talk upon the subject selected. That is, it should be a completed dissertation or treatise, no matter how brief, systematically completed, as no extemporaneous presentation can be.

The official organ, too, is entitled to the prompt delivery of the matter of the society, which it can not receive, if dependence must be had either upon dictations from hands unacquainted with medical work, or a later forward of a recollective report by the speaker of what he said or might have said. In the present case, for instance, Northwest Medicine will be obliged to wait for its leading papers until an issue many weeks after the meeting closed.

The Medical Sentinel, of course, being an independent publication, is able to present one of the papers of Dr. Bloodgood in the present issue, practically as issued, although the later made-up papers written from brief notes in the sanctity of an office may be an improvement upon the off-hand production of the session.

This criticism is made in a good-natured way, reflecting sentiment expressed by others, and we hope the good doctor may do better next time. We will always be ready to go a long way to hear him—yes, even if he has no completed paper.

All the world loves a lover, and whatever was done by Bloodgood at this meeting was acceptable, for the good Doctor, after waiting quite a while, had become a married man, and was in the West upon his wedding tour with one of the sweetest women on earth.

Dr. N. G. Blalock was the most highly honored man at the Walla Walla meeting. On the 10th of September, Dr. Blalock celebrated his fiftieth year in the practice of medicine and surgery and thirty-seventh year in the Walla Walla valley.

The physicians of Walla Walla paid the "Grand Old Man" the distinction which we have never before noted as to a living practitioner, in having upon their badges of this session a picture of this Nestor of Northwestern medicine.

Dr. Blalock is the survivor of the old-time pioneer doctors of the Walla Walla valley. He has seen hundreds of doctors come and either move away or pass to their reward after working in the medical field in this region, but while some may come and some may go, he, like Tennyson's brook, goes on forever.

With a distinctly surgical mind, with a disposition for pioneering which is unrestrainable, with a temperament and mannerism as gentle and sweet as that of a woman, he combines the rarest faculties and features of about as perfect a man as this imperfect world presents. In his very earliest days in practice he was looking for something better in medicine and surgery than the things which he found, and was ever ready to employ any newer procedure which promised advantages to his patient. He has never grown out of this habit, which is a trait of character with him, and today he is able to give you the very newest things in the line of electricity, suggestive therapeutics or modern surgical technique, and knows as much about these things and of recent path-

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ological discoveries as the young fellow just from college.

One reason for the broadness which is found in his medical make-up is that his faculties have not altogether been restricted within the narrow borders encompassing the art and science of medicine. There is a tendency of most old men who have done nothing but medicine, as they grow older, to become opinionated and difficult to lead into new medical fields, because their life has not lead them into the bright sunshine of general things. This is not so of Dr. Blalock.

To him more than to any other man this great Inland Empire is indebted for having become as it has the greatest wheat raising section in the world. He demonstrated that the foot hills with summer fallow in wheat raising was the greatest asset of Walla Walla county.

As president of the horticultural society he has been a pioneer in demonstrating what this wonderful region can do in the culture of all varieties of fruit, except the very tropical.

Our heart was filled with pride in being in a great profession, the members of which were willing to render such a remarkable tribute as was manifested in the meeting at Walla Walla toward one of its own members who was himself not only still living but still an active competitor in professional work. Most of us will receive commendation when we have passed away. None other than Dr. Blalock, I fear, will have our picture on the badges of our State Medical Society, placed there by the unanimous voice of our very competitors while we yet live.

Dr. C. N. Suttner, whose term of office as president of State Medical Society has just closed, enjoys a very large practice, one of the largest in the Inland Empire. He graduated twelve years ago from the Kentucky School of Medicine, where he was double honor man, and later took work elsewhere in this country and abroad. He began practice in Richfield, Vermont, and also has practiced in Canada, and enjoys a distinction which few men have, of having a certificate to practice medicine in seven states and Canada; he is an A. M. of Georgetown University, and speaks several languages.

The recent program is an evidence, if any evidence were necessary, of the systematic character of the work of Dr. Suttner. He made an admirable presiding officer. Without appearing to hurry people, he crowded papers and discussions. His rulings were impartial and he made friends by his courtesy to all.

Dr. H. R. Keylor is the social lion of Walla Walla medicine. Dressed in a natty white flannel suit of immaculate purity, hither and yon he flitted, seeking to serve as best it could be done, the comfort and happiness of the visiting doctors. He succeded admirably.

He has had a really wonderful career in the great section which he has helped to make celebrated as a medical center. He is forty-eight years old and has been in practice in Walla Walla for 26 years. For eight years Dr. Bingham and he were in practice together. For two terms, six years, he was a member of the state medical examining board. Always has he had a select and large practice, in which surgery has been a prominent part. He is a leading man in the business life of the city, and has accumulated a fortune.

Dr. Keylor was the toast-master at the banquet. He did his work well. Few men make ideal toast-masters. Most men who essay the position assume that they are the principal function of the occasion, and sandwich

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in side remarks of their own which oft-times consume more time than that of the combined service of all other speakers, until it becomes wearisome to see them rise. Dr. Keylor went right to the point, and stole no time; and when the banquet was over everyone was happy and none worn out, and it was the general belief that the manifest success of the occasion was largely due to the manner in which the toast-master handled the affair.

Dr. Keylor was the largest contributor, financially, to the success of the meeting, having donated the use of the Keylor Opera House, a magnificent structure and playhouse in the regular large circuit of western plays, to the Association. Incidentally, I might say that I heard that the investment of Dr. Keylor in this property nets him $4000 per annum, which is not bad as a single side line for one of us ordinary doctors, whom the world believes have no business ability.

Dr. E. E. Shaw is one of the old-time surgeons of Walla Walla. Dr. Ely, of Walla Walla, told me that in a day long ago he was contemplating seeking a partnership, and advised with Dr. Blalock about it. "Try and secure association with Dr. Shaw," said the father-surgeon of them all, "he is not only a good surgeon, but more than that, he is a gentleman." It is a great thing to be a "gentleman" in the practice of medicine so that one's most active competitor shall thus designate you. But that is Dr. Shaw's reputation. What an amount of patience it has required in dealing with the peculiarities of fellow practitioners in a calling where we can scarcely help but misunderstand our fellows. What forbearance! What sympathy rather than exultation in the distresses which follow us all. What true manliness one must have to be denominated by one's rivals as a "gentleman in medicine," but that describes our subject. Dr. Shaw has done more than any other man in Walla Walla to establish and maintain that general spirit of good fellowship manifested in the profession there. He has tried to keep out of squabbles himself, but has also taken the time to try to patch up temporary unpleasant incidents between others during the long past, generally with good success. The fact that most doctors of that region, themselves large operators, accord to Dr. Shaw the distinction of the largest purely surgical work, instead of mildly hinting that this distinction is their own, for there is not a great difference in this regard between several there, I presume, is an evidence of his standing as a "medical gentleman." In the last analysis, we are told the cry shall come up, "Blessed are the peacemakers, for they shall see God." If this be true, certainly Shaw shall have a crown.

Dr. Shaw was president of the County society, and therefore had much to do with the session. Dr. Shaw is a member of the state examining board and surgeon for the O. R. & N. and the N. P. R. R.

Not a few times, but many, did I hear the expression from outside members of the "old guard" of the society that one of the old-time physicians of Walla Walla should have been elected president instead of Dr. Suttner. In this sentiment I have no sympathy. You old fellows were not at Seattle. If you are really in the full stream of the current in state medical matters, you must attend the meetings with religious constancy. Medical meetings are kept up only by attendance. If you leave to others alone constancy in this matter, to others does the honor of the positions

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belong. Some of us are getting old. Only a few are constituted as Dr. Blalock is, growing younger as years advance, and we are almost certain to find less time, and perhaps also, less disposition to attend medical sessions as we grow older. To the younger then must naturally come the honors which should accompany attendance. While we question the equity of selecting presidents only from the city where the meeting is to be held, we heartily approve of the clause in the constitution which prohibits the election to office of any who are not at the meeting.

Dr. W. W. Van Patten found time out of a very large practice to do good service for the session.

Dr. Van Patten is one of the greatest assets which Walla Walla as a surgical centre possesses. In fact, his services are almost indispensible in maintaining for that centre its very low death rate in surgical practice. He is the most celebrated anaesthetist in the Inland Empire. He is called into all important and delicate cases by most of the doctors in Walla Walla for this important phase of surgery, and has enjoyed a fixed reputation for extreme care therein for a great many years.

I was struck with what Dr. Bloodgood said about the care employed in his work relative to the anaesthetic, and no doubt but that Dr. Van Patten was able to strengthen some of his own positions by the story Dr. Bloodgood told. Dr. Van Patten has other virtues, but this is enough to make any physician famous.

Dr. Y. C. Blalock was secretary of the Walla Walla County Medical Society, and was more constant upon the actual work of the association, with the exception of the president. He has a great host of friends among the profession, not only in Walla Walla but throughout the state, and everyone spoke of the evident hearty disposition of the good-natured Doctor to "get in and dig" as someone had to do in the front of the entrance throughout the session. It was fortunate for the state society that the men in Walla Walla had long ago discovered the aptitude of the younger Blalock to work, and put him in as secretary of their local society, a distinction of honor, and that he held the position during the late session. His contribution to the well being of the session was enormous.

Dr. C. P. Gammon was born in the Walla Walla valley in the year 1873. He graduated at the Willamette University in 1893 and at Rush in the following year, locating in Walla Walla fourteen years ago.

Dr. Arthur Dean Bevan was a friend of Gammons, and advised the young medico to locate in Portland, but the charm of boyhood life and experiences of former days lured him into the haunts of childhood and he took up his professional life and has since been in a very active professional career here. Among other work he did five prostatectomies during the past month, which is an evidence of his practice, which covers the whole field of medicine and surgery. Dr. Gammon was for four years on the State Board of Health, and was on the State Medical Examining Committee of the State Society.

There are a lot of other good men in medicine in Walla Walla. There is Ely and Croppe, and Nelms, of course, and W. E. Russell, and G. B. Stewart, of Jefferson Medical, and Summers, a new eye man, and Bert Thomas, who did good work and had a good pa-

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per at the meeting, and others, to mention each of whom in detail would take too much time if their leading virtues should be mentioned in this report. Suffice it to say that I am often over in Pendleton, which is two hours away, and the good time I enjoyed at this meeting will often take me there again, when I shall have pleasure in saying something of other Walla Walla doctors.

Speaking of Pendleton, leads me to say that the Eastern Oregon State Medical Association next year at Pendleton will be the greatest medical session to be held in the state during 1909, because our regular state meeting will be held in Seattle and special effort is being put forth to make this Pendleton meeting the greatest in its history. Eastern Oregon sent a host of visitors to the Walla Walla meeting. We expect all Walla Walla to come to Pendleton next year, returning the visit. The session will be held in early October. For some reason unexplained, in addition to every doctor in Pendleton, the editor of the Medical Sentinel has the distinguised honor to have been given a place upon the Committee of Arrangements, and we shall therefore ask every friend of this journal to be there. Dr. C. J. Smith is the head of the committee, and this insures a great meeting.

The new officers of the Washington State Medical Association for the ensuing year are as follows: President, C. A. Smith, Seattle; vice-president, Y. C. Blalock, Walla Walla; second vice-president, W. D. Kilpatrick, Bellingham; secretary, C. H. Thompson, Seattle; treasurer, L. L. Love, Tacoma; delegate to American Medical Association, J. R. Wenn, Tacoma; alternate, H. H. McCarthy, Spokane.

C. H. Hood, Ferndale, L. M. Sims, of Kalama, and Frank Rose, of Spokane, were elected to vacancies on the judicial council.

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THE MEDICAL SENTINEL

HENRY WALDO COE, M. D. Editor
PORTLAND, OREGON

With the Collaboration of the Officers of The State and District Medical Societies of Oregon, Washington, Idaho, Montana and Utah

Address all communications regarding papers, subscriptions, advertising or business matters to the MEDICAL SENTINEL, Marquam Building, Portland, Oregon

A GREATER MEDICAL COLLEGE

For many years there has been a steady effort, seconded by the profession of Oregon, Washington and Idaho, looking to the amalgamation of the two medical colleges of Oregon into one school which should be better than either are today. The leading spirit in this work has been Dr. Arthur Dean Bevan, of Chicago, who was formerly a professor in both schools. The work has been hindered by the position which some, known to be self seekers, have taken in favor of such amalgamation, and whose efforts have been taken as grandstand plays, and not the real earnest efforts of honest workers.

Opposition to this effort should not be taken on account of the fact that any one or more of those supporting the measure are not your friends. Many a man favors a popular movement because it is popular. What is right should prevail, no matter who favors it. The Medical Sentinel is now, as always, favorable to amalgamation.

A BETTER MEDICAL COLLEGE

As will be noted elsewhere, the editor of the Medical Sentinel discusses in some correspondence with Dr. Jones some of the phases at present prominent in the college matter.

Therein he proposes one practical partial solution, the raising of a sum of One Hundred Thousand Dollars, for better equipment of the Medical Department of the State University. He holds that the school should be the concern, sorrow or pride of every resident of the State of Oregon, because it is the very own school of every resident of the state. He proposes to head a list of ten physicians each giving $2500, thus starting a fund of $25,000 toward $100,000, for further equipment and enlargement and betterment of the institution. By setting aside their salaries until it shall amount to that sum, nine

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members of the faculty, we doubt not, could join us in the proposal and never feel the contribution. With a better school, there would be a larger income to divide in the future, so that the present beneficiaries would soon overtake their contribution. With $25,000 to begin with, the rest of the profession and the public would doubtless readily join the movement.

A TRAIT OF REFINEMENT

Thomas Carlyle has said that gratitude is purely an acquired trait in the human specie. He says that it is one of man's greatest virtues, but its absence in many quarters is based upon a purely natural condition; that when men are bereft of this gentle attainment it merely indicates that the animal, pure and simple, is still uppermost in such individual.

He says that the lion or the wolf, or the coyote or the fox, know not gratitude in a native state, although the domesticated dog and the domesticated horse appear to possess it more than some humans do. "By tooth and nail" is the normal way animal life of the carnivorous form in its natural state makes progress, so our great pessimistic philosopher tells us.

Hence some men, whose atavistic tendencies lead them to act toward their fellow in a purely anti-altruistic form, never have any friends, because they are the friends of none. Coldly they place all men upon their own plane and boldly state that selfishness is the only influence which moves men. They basely claim that every man who is attached to any other man is so purely upon a commercial basis. For what he can get out of it. Hence they plan every move which they themselves make upon such hypothesis.

Sometimes they win. More often they lose. Generally they attain a certain kind of success early in life and lose it later. The very strenuosity of such a life soon wears the individual out, and when he is about ready to settle down into a more placid and less fitful existence, he finds that his paid retainers have not only deserted him, but are actually destroying him in places where he deemed himself impregnable.

Shame on the man who has no friends! A double shame on him who boasts he has found no true friends; men who will remain his friends. The dog who lies upon your hearth-rug has a friend in you and, in gratitude for your kindnesses and friendship for him, will lose his life in defending you if you are attacked by another in his presence. The friendly dog has profited more by his training, and progressed much further than the human who has none of the finer quality of gratitude and is, therefore, bereft of all true friendships—the sweetest thing in all of life.

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THE COFFEY MEDICAL CONGRESS

The Doctors Mayo are among the greatest surgeons living. Many claim, in fact, that they nowhere have an equal in the surgical science.

It is natural, therefore, that others should endeavor to copy some of the methods which these men employ in the business side of their work.

The Mayos live in a small community. They demand the best there is to assist them in their surgical work. In a city the size of Rochester it is not reasonable to expect that medical service of a class that these men would demand there could be found. The Mayos, therefore, have scoured the earth for artists in the other lines of medicine than surgery.

The Mayos have surrounded themselves with this class of assistance, for which they pay the real coin. It is said, in fact, that one of these assistants receives from them $20,000.00 per year, and all are upon large salaries.

The Mayos supply these men not only with patients, but with their incomes. These men have nothing to do with the public, except through the Mayos.

Dr. Coffey took advantage of the position into which he was log rolled, as President of the Oregon State Medical Society, to bring out his sentiments upon what he terms "Organization." He pointed out the advantage of the ordinary labor trade unionism as a model in a scheme of medical trade unionism in which there should be grouped various side lines.

As pointed out in a former number of the Medical Sentinel, surgery has already, to a large extent, become a trade here in Portland, but its public advocacy waited for the paper mentioned. Apparently, the argument for trade organization in medicine was here made principally to apologize or possibly to canonize the recently formed so-called "Coffey Chirurgical Confederation." The Mayo method is made an excuse for the presence in Portland of the incongruous medical combination which is now exciting so much criticism or amusement in many quarters in the profession.

The Mayo staff is, however, of absolutely a different character and upon a different basis than the Coffey staff. While it is true that Coffey is circulating the statement widecast that he is paying the Matson Bros. $100.00 per month as his bacteriologists, the other members of his combine are men in ordinary practice in Portland, and none of the others are under salary to him.

In a city the size of Portland there are many first class physicians in all departments of medicine and surgery, and it is easy for any surgeon in other lines to avail himself promptly of such adjunctive aid without a combination such as Coffey has made.

The striking difference between the Mayo and the Coffey system, which makes them absolutely dissimilar, is that the Mayos furnish the patients and the money to the members of their staff, while, with the exception of the Matsons, the Coffey staff are expected to provide the

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surgeon in the combine with a quota of business and the money which will come therefrom.

While it may be a compliment to Dr. Coffey, the fact is that Mayo pays his men, while Coffey receives pay from his. One is a take-care-of-business method, the other is a get-business method. It is fair to state, however, in the interest of the other members of the Coffey combine, that there is a division of fees upon the part of Dr. Coffey with some of these associates, and possibly with all of them, upon a fifty per cent basis.

THE OTHER SURGEON

We cannot help but wonder what is to become of the other Metropolitan surgeon if the Coffey system is to prevail and become effective. What about the old-time operator, who has been content to go on with his work in a quiet, modest, unassuming way, employing only the usual methods of procedure? Especially such a surgeon in Portland, but incidentally the like individual in the other larger cities of the Pacific Northwest? Must these men also organize various Congresses? Must they retire from practice, or will they continue in the even tenor of their way until the present bombastic assault upon their work and methods shall have lost its youthful exuberance and have subsided?

THE COUNTRY SURGEON

The question may be asked with even greater interest, what is to become of the country surgeon? The Sentinel believes that in Oregon, Washington, and Idaho, there are fifty so-called country surgeons who get as good results in surgical practice as does Dr. Coffey. We have in mind at this time many of these splendid fellows who, under adverse circumstances and unfavorable surroundings, have obtained marvelous results in surgical cases in by-gone days when facilities were not yet in the advanced state of perfection which can today be found in so many country places. With the country hospital now found almost everywhere, and with the surgical profession thoroughly up to date, these men in the more rural sections are not only competent to do their work well, but they have the ability so to do. For these men the editor of the Medical Sentinel has the highest admiration. He was himself a country practitioner for many years.

It has been the custom when patients in special lines outside of surgery have been referred to various specialists in Portland that if surgery should become desirable in such cases to refer the patient back for surgical treatment to the local physician.

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Under the new rule, however, if there shall be any surgery possible, the chief of staff in Portland must have the same, and Dr. Coffey, in a paper read before the Washington State Medical Society, insisted that these cases, and especially cases of the neurologist, should be referred to a surgeon for consultation. The inference is obvious and unmistakeable.

As stated by the editor of the Medical Sentinel, in discussing the paper, most cases referred to the neurologists came from men practicing both medicine and surgery, in which the surgical aspect in such cases have already had careful examination and surgical care, where demanded, before reaching him, and in any event the surgery in such cases, if any should subsequently develop, should be attended to or referred to the general practitioner who has referred the case to the neurologist.

JOHNNY ON THE SPOT

We have been severely criticised for publishing in a late issue of this magazine a paper written by Dr. Coffey, in which it has been pointed out that the whole tenor of the article was to demonstrate the ability of Dr. Coffey to go into the country and do surgery upon a moment's notice. This is the celebrated "Tin Wash Boiler" article.

This criticism gives us an opportunity to say that we do not wish to be understood as desiring to do Dr. Coffey any injury. In these more recent months he has been pursuing methods which we deem reprehensible. He is a young man, and we are seeking to show up these faults in such a way that he will abandon them and become the surgeon which, in many ways, he is fitted to be. We are striving to do him good rather than harm. He has most of life before him, and there is ample time for him to reform. Being the most open example of sensational surgery, we are using him as a text of criticism which may be applied, although in a less degree, to some others who might be led to follow his example to the fullest limit. We are thereby also seeking to do good to others.

MEDICAL JOURNAL A NEWSPAPER

In a way, the independent medical journal is a news-gatherer of medical items, and as a newspaper publishes the current medical doings. It records the work of the profession, and we fear sometimes records work which has never been done except in the mind of the ready writer.

Because it publishes a paper it is not to be taken as approving of what is said in the papers, unless it does so in an editorial utterance. It is doubtless true that three-fourths of the papers which are published are subject to criticism by the editor were he disposed to exercise

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his opportunity and right in the matter. In this he occupies a position not greatly differing from his position regarding the advertisements found in his magazines. No one supposes, or least should suppose, that because he publishes an original article, a discussion, an extract or an argument that he thereby gives his personal endorsement to either of them. He presents the going thing in medicine. Some of these may be going forward, but the experience of ages has proven that many of them are going backward, or are having but a meteoric appearance upon the medical sky.

The Oregonian publishes the speech of Mr. Bryan, the Journal those of Mr. Taft, yet neither of them are thereby approved. Both papers publish suicide and murder cases, and the history of domestic infelicities, not because they approve of murder, suicide, or wife-beating, but because they are current things in the lay world. Dr. Coffey's Johnny on the Spot article might be described as a sensational medical journal newspaper article. A suicide, a murder, or a what not.

ALL COONS LOOK ALIKE

Judging from the number of doctors who have informed us that they have been asked to join the Coffey combination, men living in Portland, or outside of Portland and asked to move there and take up the work, there is strict impartiality on the part of Dr. Coffey in the selection of assistant physicians for the great combine. The only qualifications seem to be that the sought ought to possess either a considerable practice or money. This item, no doubt, will strike the eyes of many others who have not discussed the matter with us who have been asked to "come in."

One estimable gentleman remarked to us that he felt somewhat complimented to be asked to move to Portland and go into the field until he discovered, by talking with others, that the proposition was being made in a wholesale manner. In the opinion of the Medical Sentinel there is no excuse or necessity for this combination. Portland is a city of 225,000 people, and rapidly growing, and first class medical service in every line is immediately available for every physician.

While any organization which may have for its model, in effect, the startling war cry, "All for One, One for All, Each for the Other, All Together" might early have a spectacular boom, in the end it will more than likely turn out to be a boomerang. It is hardly to be expected that these men taking all their surgery to Coffey, their eye work to the staff specialist, their neurology to the staff specialist, their diagnostic work and internal medicine to the staff specialist, their children's diseases to the staff specialist (on his return from Europe) and so on ad infinitum, will have any hearty support from a profession against the individual members of which so many strong hands in this combine are being turned.

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ASKED TO HELP OURSELVES

Mr. August Wolf, of No. 214 Hutton Building, Spokane, Washington, has favored this magazine with a mimeograph copy of a report of the Washington State Medical Association, with the following three-line suggestion: "Editor: You are invited to help yourself to the attached item. If used in part or in full, will you please send me a copy of your journal containing the matter."

The editor of this journal, having been present at the meeting, is interested in what Mr. Wolf sent us. In this report we find the following items: "In the afternoon Dr. H. W. Howard, of Prosser, presented a paper on "Faulty Digestion," which was discussed at length under the leadership of Dr. Y. C. Blalock, of Walla Walla." As a matter of fact, Dr. Howard was prevented from attending the meeting on account of sickness in his family, and he therefore presented no paper on digestion, good, bad or indifferent. There was, therefore, no discussion thereof under the leadership of Dr. Y. C. Blalock.

This interesting Wolf resume goes on to say: "Public Health a National Problem," was the subject assigned Dr. C. W. Bales, of Kelso, and Dr. J. E. Bittner, of Sprague, lead the discussion." As a matter of fact, this subject was assigned Dr. Bales, but at the time of the meeting he was hundreds of miles away, which was sufficient reason why Dr. J. F. Bittner, of Sprague, should not lead the discussion.

The startling statement then follows in this report: "Dr. Parks, of Chicago, spoke at length on 'Dangers of Nephrectomy' with specimen, this being the principal address of the day." This statement rather reflects upon the honorable and energetic gentlemen who read papers that day, of which there were many, some one of which was supposed to be the principal address of the day. However, under the report of the energetic Mr. Wolf, these papers were all made subsidiary to the paper of Dr. Parks, and were of small consequence as compared with what he did; and he actually did nothing at all, as neither Dr. Parks, of Chicago, nor his paper were at the meeting. This also prevented Dr. Thomas Steagall, of Ellensburg, from leading the discussion on this paper, which is said to have occurred.

The assertion is also made that Dr. J. J. McKone, of Tacoma, read a paper on "Injuries to the Face," and Dr. H. W. Allen, of Spokane, followed with an able discussion. The only injury to the face which we saw or heard from Dr. McKone was the facial disfigurement which he facetiously discussed under the caption of "Postum, Too Much Coffee." Dr. E. A. Hall, of Vancouver, B. C., is reported by Wolf to have read a paper upon which Dr. N. Fred Essig, of Spokane, led the discussion, although neither gentleman was present.

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THE SURGEON AND REFERRED CASES

At the late meeting of the State Medical Society of Washington a Portland surgeon delivered a paper upon "The Relative Merits of Medical and Surgical Diagnosis of Obscure Intra-Abdominal Diseases."

The synopsis of the paper on the programme contained the following:

> **"General practitioner doing both medical and surgical practice without special preparation for either, fails because of lack of time and opportunity for detail study.**
>
> **"The neurologist is prone to procrastinate with medical means until many cases are hopeless, unless he has opportunity to see surgical results, etc."**

We feel that a suggestion of this character, so far as it relates to the general practitioner, was ill-timed. The inference was that the writer himself is all right. The general all-around doctor must for all time do the greater portion of the surgery of the land. There are fifty surgeons throughout Washington as competent to do surgery as the writer of the paper, and likely as many more in Oregon and Idaho. We think he will admit this. Perhaps he did not mean it as such, but it would seem to be an arraignment of the very men whose guest he was at the meeting.

The neurologist depends strictly upon his brother practitioners for his work. He has none other. This work is referred, naturally, from those having the most work to do in general practice. The busy man who is doing both medicine and surgery. If there be some obscure abdominal symptoms in the case this surgeon, or a local brother surgeon has already fully considered such conditions from a surgical standpoint, and more than likely has operated. It would, therefore, be the rarest event imaginable for such a case to be sent to the neurologist. If it should reach him, however, or any other case involving surgery, he has a moral obligation to patient and family physician to refer such phase of the case back to the family physician for operation under such hands or by a surgeon selected by him.

One of the strongest claims for any specialist, among his professional confreres is that the standing of the family physician will not be jeopardized by the wholesale treatment such as the case might receive in the hands of another general competitor. Much worse would it be in case a patient should fall into the hands of a family of specialists in all lines, each eager for his turn at the case. Little would be left of the reputation of the family physician.

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PRESIDENT'S ADDRESS

By C. N. SUTTNER, M. D.
Walla Walla, Wash.

Read before the Washington State Medical Association, September, 1908

It is with pleasure that I greet you upon this occasion. It was with great reluctance and many misgivings that I accepted this position.

I wish here to acknowledge my sincerest thanks to all associated with me in the State Society, for assistance by wise counsel and arrangement of this year's program. In how far such has been successful, I leave for you to judge.

The remarkable progress of medical science in all its phases is ever the admiration of the educated and sincere laity. Yet many, too ignorant to compass its knowledge, or too lazy to master its teachings, pretend to possess this knowledge, and thus we have the ever-present quack problem; the quasi-religious isms from without and within our ranks—problems to solve.

There was a time in our profession when the greater the secrecy in our mysterious ways of practice, and uncommunicative attitude, the more we conveyed an impression of superior knowledge and awed our clientele. To avoid this semblance of quackery, publicity of medical matters, the understanding of such, and co-operation by the laity are facts which most concern us today in our work as an integral part of the A. M. A.

To be successful in preventive medicine it is essential to have the intelligent help of our public; to have harmony of action and their comprehension of the basic principles in this great work. So long as quackery flourishes, whether within our ranks or without, we will not attain the highest good that our profession may give.

The general campaign carried on in the U. S. by the Council on Medical Education of A. M. A. has been effective in many states in the consolidation of Medical Schools and raising the preliminary requirements for entrance. Yet the power of our Medical Examining Boards as to the elimination of schools whose requirements are below the standard placed by the Council is rather limited.

In our own state we have had and now have a most competent board, yet their authority to refuse recognition to disreputable schools is rather limited, and we have no provisions as to preliminary education.

To this I would direct particular attention of our committee on legislation in order to empower our examining board to act in con-

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formity with the standard set by the A. M. A. The greater the proficiency in preparatory training the more we diminish the ranks of quacks.

The watch words of the A. M. A. of State and County Societies are: organization and education. Organization of our medical journals, our state boards, our societies upon bases of equal knowledge, and equal requirements to encompass in the healing art all that is found in suggestive therapy, in osteopathy, etc., and apply it to the relief of the sufferer.

As we of Washington fortunately have no medical schools, the proposition as to them pertains only to Oregon. As to medical journals and reciprocity, we will leave this to the committees. Inasmuch as our medical board is equal to any of the Northwest, I believe there will be little difficulty in a happy medium and have reciprocity between the three great states of the Northwest.

Organization.—To have a united medical profession, so arranged and classified that each one is in his particular specialty, each perfecting or repairing that in the human body which is peculiar to his particular line of work, and thus working in harmony with his confreres—subordinate, perhaps, to the genius, yet receiving the homage of a just profession and an enlightened public, would be most useful, however utopian the desire. As long as the public finds us deficient in supplying *all* that the healing art implies, they will, where suggestive therapeutics are required, become afflicted with quasi religions; they will prescribe proprietaries for themselves, just as they will seek and compel the abortionist to heed their demands, inasmuch as he accommodated others.

Quacks and Quackery.—The punishment of, without the laws, is practically impossible. The quack does not confine his clientele to the uneducated, but educated as well. His widespread claims by newspapers are read and believed because they are in the papers. The average newspapers would rather print a sensation than the truth, because the colossal American ignorance and gullibility demands it. That peculiar plant called "popular sentiment," ever fostered by the press, and firmly rooted in the opinion of the public, will make and unmake laws just as long as we are derelict in educating the laity as to its best interests. When the people understand the necessity of preventive medicine, of sanitation, ec., from a social as well as economic standpoint, then only may we expect favorable legislation.

Anent irregularities and quackery I would state to this Society that we had hoped to have an address from Hon. Champo Andrews, of New York City, but owing to sickness in his family he was unable to attend.

The scientific co-operation of our pharmacists is most desirable. However, not only in this locality, but from the various cities of the State, I am informed of the shameful method of counter prescribing. It can be proven with ease that nine-tenths of our druggists prescribe patent medicines (so-called) and proprietaries for gonorrhoea, syphilis, tuberculosis, etc.—in fact, for any ill flesh is heir to.

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Headache wafers (bearing their own label but made in Detroit) are handed out with alacrity, whether for four years old or for senile. Likewise, emmenagogue pills galore. Often shameful advertisements advising the purchase of a certain brand of female regulators. In the west, where but few doctors carry their own stock of drugs, it seems opportune, if we can prevent these evils, to either establish ethical pharmacies or to patronize those least objectionable.

I would like to call attention to the ease by which the laity is able to secure the various poisons, such as carbolic acid, morphine, cocaine, etc. It is thus practically impossible to attempt any cure with the thus afflicted, unless they be sent to some private institution, the entrance to which is impossible on account of their poverty. The druggist, withholding the sale of these to himself highly profitable drugs, would be of inestimable help in the reform of these poor wretches as well as the prevention of forming new ones.

Alas, too often a physician has sold himself for a percentage to a corner druggist; too often the druggist is a capper and sends these cases of venereal ills when *his* injections have failed, to his doctor friend.

There is another evil in the quackery field most thoroughly organized and skilfully worked. We all know its inefficacy therapeutically; that it is a monstrous graft, instituted to enrich the "Law Brothers" of San Francisco; that this fake prevents operative cases from cure until they are inoperative; that it is a fraud, and that unfortunately members of the profession act as sponsors in various localities, to this humbug, in diagnosing for the women who preside over the cocoa-butter pots of this charlatanri.

It may be presuming on your patience to call your attention to "Lodge Practice." The term needs no definition. You all know it, perhaps those best who practice it. That it is a foreign importation we know. Also that it has ruined the medical profession of Germany, Austria, Great Britain, etc. Dr. Holtzapple, of York, Pa., has studied this question very thoroughly, and says that the personality of the physicians engaged in contract practice may be divided into three classes: 1st. Young men just beginning practice, and accepting such expedients to make a living. 2nd. Men of all ages who have failed to establish paying practices; and, 3rd, those well established and doing a lucrative business, but selfish and avaricious and desirous of securing all the money possible.

That drastic measures have to be resorted to to prevent the commercializing of the profession, and to maintain the organization is evident. The remedy lies with the County Society entirely. It may enforce its decisions or neglect them.

The committee on O. N. of the A. M. A. is making great efforts to obtain the proper legislation leading to the prevention of ophthalmia neonatorum. While their effort is most laudable and their statistics obtained appalling as to the number of children thus bereft of eyesight, yet basically the prevention of social diseases would come nearer the root of the evil. Stringent laws may be on the statute

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books defining and penalizing the transgressor, yet they will not compel the conscienceless physician or midwife in taking those measure necessary to prevent the disease.

Progressive and humane physicians have been unwearied in their efforts to control this horrible disease. In our hospitals and among our Northwest physicians the means of prophylaxis have been employed, hence few, if any, children are blind on account of improper medical attention. However, the evil of having midwives (as here in Walla Walla) who are ignorant and have not the faintest conception of anti-sepsis and prophylaxis needs most rigid investigation. Furthermore, the infant ushered into this world under the benign wing of Scientism (?) that does not believe in the existence of matter, bacteria, etc., how shall we protect its eyesight is a problem hard to solve, for, as we know full well, the gonococcus thrives on any proper culture media.

The duty to prevent blindness from ophthalmia neonatorum devolves (1st) upon the medical profession; (2nd) upon the lay public, and (3rd) upon the State.

That we practitioners as a routine practice, employ Crede's Method to prevent infantile ophthalmia, and obviate any special knowledge of eye disease is true. Should we, however, this minute examine the obstetric satchels of all physicians in the U. S. it would be amazing what per cent would be found without the solution of any silver salt. Therefore would it not be wise to have our patients procure and preserve those preparations of silver so as to have them at hand when the expected time arrives. We usually are consulted and engaged many months prior to the confinement.

The mother should be instructed as to the necessity of informing her physician whenever the child's eyes are inflamed. The sayings of old women: "just a cold" a few drops of breast milk in the baby's eyes is still widely prevalent and extensively practiced.

The State is interested from an economic standpoint. New York pays $350 per capita for its blind children, very often (Report of Commission on the Blind) if the blind citizen is dependent upon the State for life, the cost of maintenance is not less than $10,000. Inasmuch as it is an economic proposition it concerns the State that not one child shall become blind needlessly. Hence the State must see that measures to prevent the disease are taken: that the laity know that such is a preventable disease and that physicians (not mid-wives) be consulted and their advice heeded: that such mid-wives be compelled to report births to the proper authorities.

The recommendations of the commission on O. N. of New York are as follows:

1. The enactment of a law requiring the registry with the local health board of all women engaged in the practice of mid-wifery.

2. The delegation of authority on the part of the State Board of Health to issue permits to practice mid-wifery to such of those as may satisfy the local Board of Health of the county in which they reside, that they possess the requisite qualifications, including a knowl-

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edge of asepsis, personal cleanliness, and a moral character such as to warrant them engaging in this work. Or another method to hold a civil service examination.

3. Physicians practicing mid-wifery shall be required to report the existence of each case of O. N. as a communicable disease, and shall state upon the birth certificate what, if any, prophylactic was employed at the time for the birth.

4. Mid-wives to report on birth certificates whether or not a prophylactic was used.

5. The free distribution to physicians practicing obstetrics, by the State Department of Health, he solution used as prophylactics in light-proof, hermetically sealed glass capsules.

6. Each local Board of Health to be provided with outfits for taking cultures from the eye of suspected secretions on request of those making applications therefor.

My predecessor, Dr. J. H. Lyons, called attention to the crime of abortion in no uncertain terms. This crime is practiced by members of the profession; by men belonging to County and State societies. In fact, were these men compelled to abandon it they would be devoid of practice. It is the only means by which they maintain themselves in the good graces of a perverted "so-called society." Being devoid of conscience, and unable by knowledge to enhance their clientele, the murder of the unborn is their specialty.

Our yielding to the desire of a woman to destroy her unborn child will bear fruit in so much as the passions of men are insatiate. The luckless doctor will find himself in the position of the Russian farmer described by Father Coppens S. J.

During a severe winter, a farmer, having his wife and children with him on a wagon, was driving through a wild forest. All was still as death, except the howling of wolves in the distance. The howling came nearer and nearer. After awhile, a pack of hungry wolves was seen following in the track of the wagon. The farmer drove on faster, but they gained on him. It was a desperate race to keep out of their reach. At last they are just back of the wagon. What can be done? The next moment the wolves may jump on the uncovered vehicle. The children, horrified, crouch near their trembling mother. Suddenly, the father, driven to despair, seizes one of the little children and flings it among the pack of wolves, hoping that by yielding them one he may be able to save the rest. The hungry beasts stop a few moments to fight over their prey. But soon they are in hot pursuit again, fiercer because they have tasted blood. A second child is thrown to them, and after awhile a third and fourth.

Human society, in the matter of sacrificing fetal life is insatiable as a pack of hungry wolves.

Could we today have a mental inventory of the medical men who, for pecuniary recompense, thus murder the unborn, what an array of invalidism of previously healthy women, what broken up homes and blighted hopes. Yet were autopsies held upon the thousands of

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victims at the hands of the abortionists how our boasted morality would drop near zero.

What abortions are committed continuously, nay daily—not for scientific reasons, but for money—no one will deny. Is it not our province to stop this, just as much preventive medicine as the fight against tuberculosis, typhoid, yellow fever, etc? It is our solemn duty to give our united help to our Board of Health and our State Board of Medical Examiners to revoke the licenses of these criminals.

Oregon, under the courageous leadership of its examiners, is giving us courage to fight this fight successfully.

That it is extremely difficult to secure the conviction of an abortionist is well known. Yet, when the State empowers its Board of Health or of Medical Examiners to license only such men and women as would best safeguard the health of a community, it has equal power to revoke a license from such an individual. This is shown in the case of "Munk vs. Fink—Nebraska—1908."

"The Supreme Court of Pennsylvania, in Middle vs. Commonwealth, 13 P. 632": It is a flagrant crime at common law to attempt to procure the miscarriage or abortion of the women, because it interferes with and violates the mysteries of nature in that process by which the human race is propagated and continued. It is a crime against nature which obstructs the fountain of life, and therefore is punished.

A State Sanatorium for treatment of incipient tuberculosis would be money wisely spent, both from an humane and economic standpoint. Our excellent Governor has promised us his support for any measures having this object in view.

The publicity campaign of the Council on Medical Education of the A. M. A. has attained results which are truly marvelous. In five years over twenty universities have assumed the medical training of its physicians. The consolidation of medical colleges as in the States of Indiana, Kentucky, Ohio, and others, by the unselfish members of the profession is truly most commendable and a fair index of the professional standing of the various communities. Medical education in the U. S. during the past year, as proven by the recent statistics of the Journal of the A. M. A., has been progressive. The standard of preliminary requirements being elevated, the student at the graduation need not fear the state boards.

Inasmuch as the three Northwest States—Idaho, Oregon and Washington—have a community of interest in medical matters, and the respective Boards of Examiners are equally exacting, it seems that we should have reciprocity between the three states.

The President of the Oregon State Medical Association appointed a committee which is to act with a similar committee appointed by us to perfect such a legal interchange of license.

While we have a fairly good medical law, it is yet defective in many points. It does not cover all that is implied in the healing art.

While defective in comprehensiveness, it is likewise inefficient in reaching, by proper penalties, the various charlatans and quacks.

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In the category of pseudo medicines we have osteopathy. In its ranks we find many scholarly and conscientious men. As it is not our province to persecute or prosecute any one differing with us in the administration of his mite to the healing art, yet we demand that all be treated alike, provided they possess the same educational and professional training and pass the same State board. This training must be adequate, and hence a member of their method and treatment should be with our Board of Examiners. Therefore a law like that of Oregon would perhaps be justifiable. The honest osteopath is anxious to elevate the standard of medical education and eliminate the fraudulent and advertising quacks in his ranks. It has been truly said that we oppose them upon educational, not professional grounds.

The invitation extended to the Idaho State Medical Association to meet with us next year at Seattle was heartily approved, and ably seconded by our neighbor on the south. Thus we look forward next year to a grand reunion of medical men, filled with enthusiasm to give expression to scientific thought and action.

And, last but not least, let us not forget our trained nurses, who so faithfully work for the sick, and our success indirectly. The trained nurse, after three years of training, consisting of hard manual labor and study, meets in competition so-called nurses who have, by absorbing a few fundamentals from some physician, become the advertisers of these same physicians and prevent the well trained nurse from receiving the pecuniary rewards to which her training entitles her. Our trained nurses, through their organization, will again demand State recognition. Let us assist them to receive such legislation as will enhance their standing and permit them to receive the emoluments they so richly deserve.

And thus let me conclude—let this reunion be one of peace with one another and with the profession of our sister States; may this cordial fraternity be ready to advance its interests by its sagacious labor in medical and surgical science; may we be forever free of the petty strifes, sorrows and sufferings so prevalent in the commercializing of ours, the noblest profession; and, finally, may this society prosper to its utmost—a beacon light to suffering humanity, and a monument to posterity.

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THE USE OF THE X-RAY

By N. G. BLALOCK, M. D.

Read before the Washington State Medical Association, September, 1908

In presenting to you my paper I do not expect to enter into a scientific discussion of the subject of X-Ray therapy. I shall endeavor to present some practical facts that may be of interest and advantage to the members of our profession. There are probably many physicians in this audience who know as much or more about the X-ray and its wonderful achievements than I do, but having given the subject considerable study for the last seven or eight years, I hope to present some facts that may not be familiar to all.

The range of diseases which can be benefited and even cured by the proper application of X-ray is astonishing. I will mention a few of the more prominent and troublesome diseases which I know to be controlled and cured by X-rays.

ECZEMA.—Every physician that has had experience in treating eczema, and know all its forms, knows how troublesome and how difficult to treat successfully that disease is with the old remedies and methods. I have had the satisfaction of curing more than one hundred cases. I wish to mention one case in point. A young lady, eighteen years of age, a student of Whitman college, had been suffering largely from that affection for several years, but close confinement, incident to student life, produced very serious results, and it became so distressing that she could not sleep but only in short naps, and they were interrupted by the itching and irritation, and by the exudation of a sero-purulent substance which emitted a very unpleasant odor, making it very disagreeable for her and her associates, so much so that she was compelled to leave school. She was brought to me by her mother, who stated that they had done everything that they could; that she had been under several eminent physicians, receiving only temporary benefit, and she confidentially told me that she believed that her daughter would become insane if she was not relieved from her loathsome disease. I took the case without making any special promises, as I never had seen a case before in such an aggravated form. I gave her two treatments the first day. After receiving the second treatment she expressed herself as feeling better than she had for months, and that night she slept more comfortably than she had for any night for months past. I gave her two treatments the second day and the second night she had a comfortable sleep of over six hours, and from that time on she was a comfortable girl; within thirty days she was completely cured, and no sign of the

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returning of the disease at this date, which is two years since she received the treatment. In treating this case she was under the direct rays six to twelve inches from the X-ray tube; from three to five minutes in each position. It took me from thirty to forty minutes for each treatment.

LUPUS, an intractable, unsatisfactory disease to treat by the old methods, can be cured by the proper handling of the X-ray in every instance in which I have tried it. I will mention one case which was a typical case, that of a Chinaman, who was born and raised in Walla Walla, and who had been suffering for more than two years with lupus on the side of the face covering an area of six by nine inches and had very much disfigured the ear. This Chinaman, who could speak good English, told me he had tried all the Chinese doctors and a "heap melican" doctors, and they did him no good. In forty days he was completely cured by the application of the ray five minutes each day at a distance of from six to twelve inches from the diseased parts. The Chinaman is still well and apparently in the best of health.

ACNE.—A young lady 19 years old came all the way from Ohio, having friends in this city who wrote her of cures that I had effected, and she came with that confidence that made her very punctual in her treatments, for she was engaged to be married. The conditions under which the engagement was made was that she was to be cured of this ailment before the marriage ceremony was to be performed. The face was really every part of it affected, and the old acne bumps that had disappeared had left discolored patches so that there was not a half inch of her entire face that was not marred by the disease. Within thirty-five days from the first treatment she returned home, and within twenty days after returning home the marriage ceremony was performed, and I have heard from her since and her face is clear and in a healthy condition yet.

ACNE ROSEA is a common complaint, also troublesome to get rid of. The wife of a prominent physician of this city was brought to me by her husband for treatment. About a dozen treatments were given and the results have been a complete recovery. Her nose, however, when I commenced treating her, disfigured her otherwise handsome face very much. I am glad to say that she is perfectly relieved of her embarrassing disfigurement.

PRURITIS ANI is a very troublesome affection, and one that is very common, and is usually treated with washes and ointments, and the results are quite unsatisfactory. I mention one case, however, of a prominent merchant of an adjoining city who had been a sufferer for years and had disturbed him so much at night that he had not had a good night's sleep for years. Eight treatments gave him perfect relief, and for three years he has had no trouble and says he sleeps like a baby.

GOITRE.—A common difficulty, especially so among ladies, and has not unfrequently been removed by the surgeon's knife; if taken in time can be removed by the X-ray without pain or scar. One case in

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point, of a young lady living in an adjoining town, came to me for treatment with goitre as large as a goose egg. Sixteen treatments removed it entirely without pain or scar.

EPITHELIOMA.—Every physician knows by actual experience that the knife or caustics are the only remedies that have given any favorable results, and in the majority of cases they return with more violence than the first attack. Have had the satisfaction of curing fifty-two cases. My own case being one of that number. While there has been a recurrence in some ten cases, a few treatments were sufficient to cure them, and as far as I know now, they are all apparently well. These treatments date back from two or three months to six or seven years.

KELOID.—All surgeons and most practitioners have had experience with this trouble which usually results from scars or cicatrices. A lady forty years of age came to me with a keloid three inches long and two inches wide, just back of the ear on the neck, which had been troubling her a good many years, and was, as she said, the last few months increasing very rapidly. I gave her some twenty treatments, with results of a perfect cure.

ANODYNE.—It is not unfrequently the case that while treating cases with X-ray they pass into a profound slumber. They all express themselves as feeling physically better after a treatment from the X-ray.

I could lengthen my speech and name a great many other cases that have been successfully treated, but I will not weary you with any further details of cases, but I will now refer for a few minutes to another current which is very successful in the treatment of rheumatism, neuralgia and sciatica, but the most satisfactory result of treatment resulting from the use of the high frequency current is found in the treatment of chronic metritis and dysmenorrhea, and of stricture of the urethra. I mention only one case, that of a prominent railroad man who had been, as he expressed it, tortured by cutting, by dilating and by cauterization until he was thoroughly disgusted with life, and, as he expressed it, if I would not give him relief he would never try any other physician, as he had made up his mind to commit suicide, stating at the same time that he was under an engagement to marry a beautiful young lady and he knew under the present condition he was not marriageable. Therefore, he had made up his mind to do one of two things—get cured and marry, or, failing of getting cured, he would commit suicide. The results were that in about twenty treatments he was absolutely cured, and in due time was married and he is still a sound and happy man. I will mention that he was very much gratified in being cured almost without pain. I shall not weary you longer along this line, I know that there are a great many physicians who speak unfavorably of the X-ray and other electrical currents as therapeutic agents, and that the X-ray is a dangerous method of treating diseases. These statements are unwarranted, and show clearly a want of knowledge of the subject of X-ray therapy. That there have been bad results and burns produced by amateurs, and even by scientific men, there is no question,

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but the fact that some serious and unfavorable results have been produced is not sufficient reason to condemn the X-ray as a therapeutic agent. Fire is a very dangerous thing, if not properly handled, but by being properly handled it can be made to serve very good purposes, and there are very few of the potent agents of our pharmacopeia that have not done much damage by being improperly used. Opium and all its preparations can count its hundreds of fatal cases of overdosing, but no physician would be willing to strike it from the list of remedies now in use. Our most valuable remedies, those of which we have the most favorable results, are extremely dangerous in the hands of inexperienced persons. So it is with the X-ray. And in my opinion X-ray today is only in its infancy as a therapeutic agent, and will in time become one of the most popular as well as most successful in the treatment of a large class of diseases.

The Cerebral Centers for Taste and Smell and the Uncinate Group of Fits.

Charles K. Mills, Philadelphia (Journal A. M. A., Sept. 12), bases his article on the report of an illustrative case. The lesion, as discovered at autopsy, involved the uncinate, hippocampal and fourth temporal convolutions, and their subcortical white matter, but did not extend further into the temporal lobe. The tumor, however, extended considerably beyond the lower temporal region, however, invading the anterior part of the occipital lobe and destroying large portions of the lenticula and the thalamus. The patient apparently had no visual phenomena, as none was recorded. There were gustatory and olfactory discharges, due probably to implication of the cortex in these regions. When Mills first saw the patient he made a diagnosis of tumor, probably in the early stage of development, situated in the uncinate region, and especially involving the gustatory area. Mills concludes with a review of the reported cases and of the literature of the subject.

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FRACTURE OF SKULL. REPORT OF TWO CASES

By W. C. COX, M. D.
Everett, Wash.

Read before the Washington State Medical Association, September, 1908

The cases herewith reported as the basis of this paper are unusual in many ways. First case, after receiving a very severe injury, a loss of considerable brain tissue with complete paralysis on one side, recovered sufficiently to walk fairly well and use his arm comfortably, and after three and one-half months died of meningitis, which began in region of injury. The second case, at first sight, did not appear to be seriously injured, but in less than 24 hours became extremely ill; but within a brief period of time entirely recovered.

First Case. Charles E., age 29, German sailor, on January 27, 1908, while assisting in loading a large wheat vessel, was in the hold receiving lumber that was being lowered to him in a sling, when a piece of lumber slipped from the sling, fell and struck him on the head, a little to the left of the median line in the parietal region. The patient was at once moved to the Everett hospital, where an anesthetic was administered by Dr. Duryee, the patient examined and the skull found to be crushed, involving a surface 1½ by 1¼ inches. The loose pieces of skull were removed, edges trimmed, and all destroyed brain tissue—about one teaspoonful—removed. A piece of iodoform gauze was placed in the wound for drainage, the end being brought out at the opening. The skin was closed with interrupted sutures of silkworm gut, room being left for gauze drainage to come out, an antiseptic dressing was applied, patient put to bed and an ice bag applied to head. At this time he was noticed to be completely paralyzed on left side, beginning at first cervical vetebra.

After coming out of the ether, the patient was semi-conscious and quite restless. Bromide and morphia administered, catheter found necessary first 24 hours, after which he voided urine without difficulty. The day following the injury patient was rational, but stupid, in which condition he remained for a period of about one week, after which time he became more rational and conversed freely. One-fourth grain of morphia was administered once daily for 12 days after injury. Ice bag continued more or less continuously for seven days, after which time patient improved rapidly. February 27, thirty days after injury, patient was able to move right arm slightly, and on March 10 he walked down town. On March 13 an abscess was discovered in region of original wound, which caused a slight elevation of pulse and temperature, also complained of severe head-

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ache. The abscess was opened, cleansed with hydrogen peroxide, and dressed with a moist antiseptic dressing. The wound healed within a few days. The only treatment given for the paralysis was Strych. Sulph. gr. 1-30 t. i. d., electricity and massage. On account of his being a British subject, and as the British Vice Consul lived in Tacoma, we were requested to send the patient to that city, that he might give him personal attention, which was done on March 30, 1908, where patient remained until the date of his death, on May 13, 1908. For the history of the case after the patient arrived in Tacoma, I am indebted to Dr. A. W. Bridge, of the Fannie Paddock hospital, where patient was cared for after he arrived in that city. Dr. Bridge reports: Patient improved after arriving at hospital, his paralysis about half disappearing under treatment of electricity, strych. and massage. About three days before death patient began to complain of headache, became delirious within a few hours and, rapidly assuming symptoms of meningitis, died on about the third day from the onset of the acute trouble. On inspection there was a moderate amount of bulging at the opening of the skull, moderate tenderness and pronounced pulsation. No redness or oedema visible. Operation was considered, but decided against on account of the symptoms of meningitis rendering the prognosis so grave. Post-mortem examination showed an abscess under the opening in the skull and a meningitis over that part of the brain.

Second Case. H. K., German, age 34, mate on lumber vessel. While loading lumber with a derrick a large piece of lumber slipped from the sling and fell, striking him on the head and face. The blow knocked him insensible for a few moments, but when I arrived at the dock he was sitting up, holding a wet towel over his injuries, and was able to walk to a conveyance which took him to my office, where I found the upper lip split open for a distance of one inch, three teeth knocked loose, and a contused wound on right side of head about one inch in length in motor region, but the wound did not penetrate the skull. While dressing his wounds the patient became very sick, vomiting repeatedly, and complained of great weakness. So much so that I concluded his symptoms were out of proportion to his injuries, consequently I advised him to go to the hospital, to which he finally consented and was taken to Providence hospital, where he arrived about 5 P. M., where he was put to bed and an ice bag applied to the head. Patient vomited several times during the night, also became quite restless. When I visited him the following morning about 9 o'clock he was partially unconscious and breathed with some difficulty.

Trephining was considered, but concluded to await further developments, and at 1 P. M. called Dr. H. P. Howard in consultation, at which time the patient was profoundly unconscious, breathing with great difficulty and with complete paralysis on left side. An operation for relief was decided upon and performed about 1:30 P. M., assisted by Drs. Howard and Duryee. Operation, ether anesthesia. A curved incision, with its center over the scalp, was made, the

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tissues were divided down to the skull, where we found under the scalp wound a V-shaped fracture of the skull, but no depression. A ¾-inch trephine opening was made at the junction of the V-fracture, and when the button was removed the dura bulged into the wound; it was opaque, but not pulsating. The dura was incised and about 3 drams of blood and serum escaped, but as no improvement in the patient's breathing resulted, we began to enlarge the trephine opening with a Rongeur forceps, and followed the line of fracture until we reached a blood clot about 1½ by 2 inches in size, which rested on the petrous portion of the temporal bone. The clot was quite thick and was removed with considerable difficulty; but with the use of the finger and irrigation it was at last accomplished. We noticed that the brain did not at once regain its normal condition and quite a large cavity remained for about one week. The hemorrhage seemed to be capillary and come from the very bottom of the wound, and was controlled only by packing the cavity with gauze that had been saturated with adrenalin. The skin wound was closed with interrupted sutures of silkworm gut, room being left for gauze drainage, and an antiseptic dressing was applied. After the clot was removed the patient's condition at once improved, breathing became easy and regular. After coming out of the ether the patient remained unconscious and restless until the following day, when he became conscious and could converse intelligently. The gauze packing was removed the second day, but repacked every day for eight days, after which the wound was allowed to close as rapidly as it would. Patient sat up without fatigue on the tenth day, was out on the street the eighteenth day, left the hospital on the twenty-second day, and the following day left for his home in San Francisco in good health.

In looking over literature on punctured wounds of the skull, I find that cases like the first one are rare; that is, they seldom lived 3½ months and then died from infection or abscess in region of the original wound. I hope, however, that the cause that brought about this man's death will be brought out in the discussion.

Intracecal Ligation of the Appendix.

J. R. Pennington, Chicago, describes and illustrates a method of ligating the appendix within the cecum by setting a snare within its cavity to catch the appendix when it is inverted. The steps of the operation and the special needle required are figured and described in detail. The advantages claimed are: speed, simplicity and ease of operation; a minimum of danger to the surrounding tissues; no foreign body or material is left in the peritoneal cavity and the entire appendix and the blood vessels being ligated, the danger of hemorrhages is minimal.

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IMPORTANCE OF THE AFTER-TREATMENT IN SURGICAL CASES

By L. P. McCALLA, M. D.
Boise, Idaho

Read before the Washington State Medical Association, September, 1908

Immediately after a major surgical operation, not only is it of great importance for the prevention of dangerous risks to the patient to give more attention than is ordinarily given, but the comfort of the patient should be given more attention. It is the custom for surgeons to see the patient only for a minute after the operation, and he is left to the mercies of the nurse and interne. After giving a few hurried general orders and after determining the condition of the pulse and respiration, the surgeon probably does not see the patient again until evening or, perhaps, not until the following day.

There is no period in the whole time in which a surgical patient is in a hospital more important, or more vital, than the first hours after he has gone back to his room after an operation. Drowned in his own saliva, poisoned by the anaesthetic (which is almost universally badly given), poisoned by the re-breathing of his own respiratory cast-off poisons, and shocked and depressed naturally by the severe ordeal of a major surgical operation, his body cold from being wet perhaps all the time he was on the operating table; his limbs and back aching from the position on a cold, rough and hard table.

We can do much to prevent these discomforts and dangers, by having a softer, warmer and smoother, bed or table. A rubber hot water, or air bed, on the operating table, warm, dry sterilized blankets wrapped around the parts not to be exposed, keep the patient dry and warm, and with hot water bottle to the feet during an abdominal operation, and with the ether given by a competent, interested anaesthetist, who is giving at least as much attention to the work allotted to him as he does to work of the surgeon, by the open method; taking pains to keep the mucus and saliva wiped out of the throat, and the patient just sufficiently anaesthetized to keep him perfectly quiet and free from pain and not poisoned, or depressed, by the ether. Watching carefully the respiration and pulse, to see that no shock, or depression, to the vital forces, shall take place.

Much can be done, too, by the nurse, in placing the limbs on pillows, etc., for the patient's comfort, to keep the mouth clean, the eyes and face clean, and giving the personal attention that the comforts of the patient demand.

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I am satisfied that most of the cases of ether pneumonia are due to the carelessness of the anaesthetizer, in not keeping the saliva and mucus wiped out of the unconscious patient's mouth. And, too, this danger is not over when the patient leaves the operating table, nor until entire consciousness has returned. So long as the sensibilities are numbed, the secretions may be unconsciously drawn into the respiratory apparatus in sufficient quantity to cause sufficient irritation and subsequent inflammation to induce pneumonia.

With an interested attention, and a good training to help her, a nurse can do much to guarantee the patient's comfort and successful convalescence. If the nurse be incompetent, indifferent, or having other demands upon her time, and leaves this poor, unconscious and depressed patient alone immediately after a severe operation, there is ample opportunity for many things to happen that will induce shock, pneumonia, and much bodily suffering. No patient should be left alone one minute as long as he is not entirely conscious. And sometimes it is very unsafe then. Every patient who has a severe operation should by all means have a private nurse for at least the first few days. Many cases of delayed shock are, in my judgment, due to neglect of the patient in the immediate hours following his return to bed. If there is no great amount of shock when the patient leaves the operating room, there should be no increase of shock after he is in bed. I know there are cases of delayed shock in which it is often impossible to define the cause of shock, but I am confident that the cause is often the neglect to do the things enumerated above for the comfort and protection of the patient by the assistants and nurses; causes for which the operator is not justly to blame. At least, I am confident of this much, that to carry out all the things which can be and should be done to avoid shock and depression of the vital forces of the patient, will render these cases of delayed shock, aspiration or ether pneumonia much less common.

To prevent severe pain in a great measure lessens the danger of shock. I am not of the opinion that a dose of morphine should be given, as is sometimes the universal practice with some operators, to all patients, before they are awake from the anaesthetic. I rarely do this. In fact, only where I wish to prevent the bowel moving for some days, as after some rectal operation, do I do it. I am confident, however, that we may err on this side, too, of not giving morphine often enough. However, an experience of several years without giving morphine, save where especial indications arise, has convinced me of the harmfulness of the practice of giving morphine, and that the patient will convalesce much faster and with far less uncomfortable symptoms, where it is not given, than where even one dose is given.

I am satisfied too, however, that with increased experience and with better work, practically all of the dangers of shock have been eliminated in my work, and that this is the experience of all men who reach the degree of excellence necessary to be classed as a surgeon. Many operators never reach this point of excellence. And so long

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as men not fitted for surgical work continue to do surgery, there will often arise cases of severe shock, and other preventable complications, which will claim a certain not very small per cent. of cases who go to the surgical operating room.

I am in the habit of expecting all my patients to get along without any medicines after a surgical operation. I give, as a rule, to all cases where any infection exists, or, where there is need of stimulation, saline solution, per rectum, which is the best stimulant and eliminant with which I am acquainted. Once in a while, where there has been a certain amount of depression of the vital forces, from any cause, I give other stimulants. Strychnia, adrenalin sol. and digitalin I have found most satisfactory. In fact, none of these medicines compare at all with proctoclysis as an immediate stimulant to the heart. I but rarely find indications for saline infusion or transfusion, although these life-saving measures should be well understood by every operator, and he should at all times be prepared to use them when the occasion arises. Of the direct transfusion of blood I have had no experience; but will certainly take advantage of this life-saving measure if the occasion presents itself, as it has already in the past, to me.

I have had no experience with the pneumatic suits, either. I am sure, however, that these methods, so well used and advocated by Dr. Crile, are advantageous, and often may be the thing that decides in a critical case, as in severe internal hemorrhage, between life and death of the patient. The bandaging of the arms and legs I have practiced with some advantage, I think.

Every operator should remember that occasionally a case of severe delayed shock will occur where he least looks for or expects it. I have had a recent experience of this kind, which was so unusual that I felt compelled to reopen the abdomen by removing one suture, to determine whether or not there was hemorrhage. This followed a slight operation, or, rather, where only there was the slightest handling of the internal viscera. And when the patient left the operating room, and fifteen minutes after she was in bed, there was not the slightest indication that anything unusual would happen. Three hours later, however, she was almost pulseless, cold, and respiration very shallow and almost imperceptible. Really a suspended condition of the vital forces. There was not the extreme pinched expression, nor air hunger, which usually accompanies internal bleeding, but the condition otherwise certainly looked very suspicious. After opening the abdomen, which I did with as little disturbance as possible, or, without arousing any suspicion in the patient's mind about her well-being, as she lay quietly in bed I determined that the cause was not hemorrhage. The immediate infusion of normal salt solution under breasts, and an enema of salt solution in which brandy was added, with carbonate of ammonia, and hypodermics of strychnia, ergotin and adrenalin sol., there was a slow but permanent return to normal condition. This case served to reawaken in my memory the possibility of this kind of thing happening, and has, I

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think, made a lasting good impression to watch all cases carefully after any major operation to prevent this kind of thing.

Warmth locally applied is a useful remedy, in combatting and preventing shock. It is necessary in all cases to guard against burning the patient, who is still unconscious. Many damage suits have been brought, and many sustained in the courts, for burns received by patients after operations.

Lowering of the head is often done, and is almost universally recommended, in combatting shock. It is, to say the least, a very doubtful measure. If you have ever lain with your head much lower than your body, which you should do as an experiment, you will know how disagreeable a thing it is. I often reverse this, since having such universally good results from the Fowler position, in peritonitis, or pus cases that require drainage, and in prostate and stomach work, that I firmly believe that elevating the head and shoulders does more to stimulate than to depress these patients.

I forgot to say that where pain is giving much discomfort after abdominal operations I give per mouth if stomach is not disturbed, or, per rectum if it is, 5 to 10 grains of aspirin, with most satisfactory results. This suggestion I took from Mr. Mayo Robson, and have been well pleased with this drug.

No doubt most of you are familiar with the Murphy method of treating suppurative peritonitis, where there is general or localized accumulations of pus in the abdomen. However, I regard this method as one of such great importance to all surgeons that it will not be amiss to mention it here. This method has done more to lessen the death rate in general suppurative peritonitis than all else that we know has done. I have lost much of the dread in opening these cases since becoming familiar with this practice; even the so-called hopeless cases often get well now. I would not refuse to open the abdomen of any patient that was still breathing, and would have some hope of saving his life—if permitted to open and drain the abdomen. The Fowler position is all important. This drains the pus to the pelvis and helps to drain it out of the abdomen, if the drains are well placed. The use of rubber drainage tubes, cut or fenestrated, without being filled with gauze, properly placed at the lowest and deepest points to be drained, and the giving of normal salt solution by continuous enema, having the water kept at a temperature of 100 to 110 by keeping two hot water bottles, one on each side of the fountain bag, which should be elevated from six to fourteen inches; enough to cause one and a half to two points to be absorbed every two hours, using large vaginal rubber or glass tubes, with many openings at the end, crooked to almost right angles, and fastened to the thigh by adhesive strips, so that it does not work out. Keep this irrigation going constantly. Regulate the height by the resistence necessary to be overcome to get this amount of absorption, and with the many openings, large, well placed, bent, tube, there should be free passage of the water into, and out of, the bag, so that there will be no overdistention of the rectum, and consequent leaking. This

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is a most essential point. The tube must be bent so that it does not press upon and irritate the back of rectal wall, and must have free openings, so that the water may pass into, and out of, the rectum without any effort or strain. I direct the nurse so that she watches and understands this well; and if she is watchful, she can get and keep the bowel clean, by emptying the irrigator, each time the patient strains, as in coughing or vomiting, which drives the water back into the tube carrying with it fecal matter from the rectum, which had not been emptied before operation from lack of time and on account of the critical condition of the patient. Thus, the bowel may be kept clean and the saline enema made continuous, as long as it is necessary. I have also added, at stated intervals, such foods as are prepared, ready for absorption, to the saline, without causing any irritation. Panopepton meets this requirement very well.

The drainage tubes should be rotated at least once a day, to prevent the opening becoming occluded. And with this continuous enema, and the elevated position, the drainage will be very profuse and most beneficial. There is really an excretion by the peritoneum of serum, which reverses its ordinary function of absorption, and this washes away the debris and dilutes the bacterial culture very materially.

The prevention of absorption is the chief aim of this Murphy method of treating peritonitis. Murphy advocates the Fowler position from the moment the diagnosis is made. Not only post-operatively, but during the transmission of the patient to the hospital operating room, and as far as possible during the operation, this position should be maintained.

In very badly poisoned patients, intravenous saline infusion is done before the operation is begun. And if the case is 24 hours old, the stomach is well washed out, too, before operation. This is also repeated after the operation if there is vomiting or nausea.

Narcosis, usually by ether, is not begun until the patient is ready for the operation to begin, in very bad cases. Nitrous oxide gas is sometimes used in extreme cases.

Murphy emphasizes the great importance of doing all work in the abdomen quickly, and with the least handling. Get in quick, and get out quicker is his favorite maxim.

Antistreptococcic serum is used in streptococcic cases. If adynamic ileus is developed, saline and alum enemata are used, and eserin and atropin are employed hypodermically. If these means fail to relieve the ileus, and borborygmus is noticed, he advises opening the abdomen again, as there is a mechanical obstruction present.

To those of you who may not have read Murphy's recent monograph, published in Surgery, Gynecology and Obstetrics, June, 1908, I will strongly advise you to read it, as it is a most exhaustive and thorough classical treatise on general peritonitis, including a minute description of the histology, pathology, physiology, etc., of the peritoneum, as well as a full explanation of this method of treating peritonitis. Surely, the treatment of this most dreaded of all surgical

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conditions has been completely revolutionized by Murphy, and to my mind is one of the most, if not the very most, important contribution to surgery in the last half decade. Here, above all other conditions that occur to my mind just now, is it essential that an experienced and able surgeon be selected to do this work. If you are slow and uncertain in your movements; if you procrastinate and fumble the intestines, not being certain, concise and deft in your movements, the golden opportunity will easily slip away from you to save a human life. There must be no leaving of open perforations; there must be no delay in clamping off and tieing the appendix, if it be at fault; all pockets of pus must be drained; but no wiping and washing must be done, because it takes time which you cannot spare; and because it breaks down Nature's barriers which protect the patient. Place the drains rightly, and get out of the abdomen.

The time for each patient to remain in bed, after an operation, is each a law unto itself. In the ordinary case of abdominal section, the time is not necessarily long. Good firm healing may be secured in one week to two weeks, and there is no particular reason why a patient who is feeling well and strong should not get carefully out of bed. There is very little more strain on the abdominal wall sitting, or standing, than lying in bed.

In old men with prostate disease, get them up as soon as possible. These cases should always be placed in the Fowler position from the first. The same is true in stomach drainage cases.

Patients differ so much as to what is necessary to get them over the conditions for which they are operated that no fixed rule can be laid down. Each case demands individual thought. To get all appendectomies, or hysterectomies, etc., out of bed in one week to ten days is not only unsafe, but very dangerous to the future welfare of the patient. It would be just as reasonable to insist on getting all typhoid cases out of bed in three weeks. Especially is this true of nervous women, and this leads to the final point I want to discuss, and the main feature of the paper is, the *necessity for a modified rest cure treatment in many nervous surgical cases.*

In neurotics, especially neurasthenic and hysteric women, who are run down and worn out in nervous energy, does a rest cure, following a surgical operation, result in much more benefit than does the operation itself. I have often secured a satisfactory cure of these unfortunate cases by this means of treatment, when I am sure a simple operation, and ten days to two weeks in hospital, would have resulted in failure. In fact, I believe the operation is often only the suggestion used as a means to this end.

I have little or no faith in the old opinions that scar tissue in the perineum or cervix is a cause of nervous conditions that are severe. I am confident that if no especial hyperaesthesia be present in scar, that it has little or no effect on nervous condition of the woman. It can usually be accounted for by other or associated conditions. Yet I have often gotten the best cures in a class of women who had only such minor surgical work done, where I could control the cases and carry out the rest cure as they required.

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I believe fully in the statement of Dr. Weir Mitchell, recently made, that disappointments in this class of patients, and in this method of treatment, comes from a lack of appreciation and understanding of this most useful method of treatment. When the physician has not the correct appreciation of the treatment he will nearly always be disappointed in the results. Without the environments necessary to carry out this treatment, it is most difficult, even if you have the correct idea of its application, to carry it out successfully, and satisfactorily, to physician and patient.

General hospitals are not good places to carry out this line of treatment. The men who have private hospitals have better opportunities for getting the best results in this class of patients. The nurses must be intelligent and interested. The patient must have sufficient intelligence to co-operate intelligently, and have the confidence in the physician that is so essential; and the physician must have the personality, the patience and, above all, the time and inclination to devote a great deal of time to each patient, paying long visits, at not too frequent intervals, however, as the patient must look forward to this visit with an eagerness and pleasure to get the best influence, and if seen too often this is not gotten.

Another advantage in the private hospital for carrying out this treatment is, that your patients meet only your patients. There is a mutual exchange of experiences and compliments to the surgeon, all of which adds to and helps in carrying out this means of cure with this nervous class of patients, as this added confidence helps in having the suggestion, which is all important here, carry its greatest weight.

We all know that the electric bath, electric massage, etc., are all more suggestive than otherwise good. The diet, too, is most important. And here, too, has the private hospital the greatest advantage. It is not always easy to get these most necessary helps in a general hospital. These patients must be well nourished, and kept in a state of interested expectation, for the next step in the curriculum, never letting them have too much time to dwell on their ailments; especially must they not be left alone, in order to get the best results.

I take it, that it is far more to the credit of a surgeon to have cured 500 patients in a year than simply to have operated on 5,000.

Today the greatness of a surgeon is measured more by the number of cases operated on than the number of cures. Of course, this is alright as far as it goes. The more patients operated upon, probably, the smaller the immediate mortality. This is not necessarily true, however. I firmly believe, however, that a surgeon owes it to each patient operated on, to each patient treated, to give of his time, and means, everything that is necessary to effect a cure, where it is possible.

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SURGICAL PSYCHOLOGY

By JOSEPH R. BLOODGOOD, M. D.
Baltimore, Md.

Read before the Washington State Medical Association, September, 1908

Psychology has taken a much wider range in these latter days and surgery is now making great use thereof where modern ideas are prevailing.

Practical medicine daily more and more is depending upon systematic researches made by men who are the scientists in the profession and not the practitioners of medicine.

Scientific medical research, on the other hand, must and does depend for its practical data upon the busy man in practice of medicine.

Crile began his work in a purely scientific way, and based thereon his large present active practice.

Flexner made innumerable experiments on monkeys, covering more than four years, before he could formulate his serum which has, where employed, reduced mortality from 90 to 40 per cent.

I will repeat the statement that the world can better give up the sacrifice of animals for food than it can the sacrifice of animals for uses in medicine and surgery.

The greatest advances being made today in our science are in mental diseases and in surgery. And in mental diseases I refer to those which tend, under proper care, to recovery. In these departments there is greatest enthusiasm.

We need enthusiasm to evoke the best work and most satisfactory results. We need enthusiasm for its psychic effect on the Doctor as well as upon the patient. And we need this enthusiasm in every development of successful practice.

We need the psychological influences, the suggestive features in our pneumonia cases, our typhoid cases and nearly everywhere else. Therefore, study the psychological phases of your patient's condition and the uses of suggestion in meeting the same.

We must also not overlook the matter of gaining the confidence of the public. We must appreciate the broadness of our own position. Credit is the greatest asset in the world of business. Mere confidence in conditions and the absence of mistrust. We have recently seen what a withdrawal in the public confidence in the business world means. If these results occur with business men we may have some conception of the effects of confidence or mistrust upon the part of the patient as related to the attending physician or surgeon.

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It is only by teaching the public the certainties of our science that we may hope to gain public confidence in us and our suggestions.

Deever got his cases from a believing public while a discrediting medical profession scoffed at his ideas and operations for appendicitis. And as we should impress the public with the virtues of our position, so should we, and more so, gain the confidence of our patients.

Fear should be allayed in the minds of our patients. This is purely a mental process, and is distinctly important.

Many young men in practice, as in my own earliest practice, oftimes create as great fear in the mind of the patient as the undertaker does.

When our patients can be persuaded operations are as necessary as medicine, and about as harmless, fear will leave their minds. There is less risk in a hernia operation than in a railroad journey. A mild breast operation is no more serious, while an appendectomy in a non-suppurative case is not to be feared as much as medical treatment.

Fear is a distinct factor in all psychosis, and months, and sometimes years, are required to recover from what is called "surgical shock" where fear only, a psychic feature, is alone the cause, or the principal cause.

We must be optimistic and cheerful ourselves, and then impress these qualities upon all others with positiveness so as to drive out all fear. With good surgery to follow we will have no cause to be disappointed with results.

In after-treatment this cheerfulness must be maintained. Even in cases which are full of serious omens the patient must be taught that in other recovered cases the conditions have not been different. Orderlies and nurses must be educated upon this matter.

There are worse things than death. Mental agony is worse. At least let us relieve this by driving away fear and instilling hope.

This whole matter of surgical psychology is not a fad, it is a living important fact and a necessity in practice for the modern surgeon.

Weight and Age Relation of the Fetus.

L. Tuttle, Philadelphia (Journal A. M. A.), offers the following as a simple and convenient rule for calculating the weight of the fetus at any age. "From the age in lunar months subtract two, square the difference and divide by two." The result weight gives the difference in hundreds of grams. This, he says, gives a good approximation to the actual weight without necessitating any arithmetical calculation except such as can be easily performed mentally.

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HYSTERIA

By R. MILDRED PURMAN, M. D.
Seattle, Wash.

Read before the Oregon State Medical Association, September, 1908

Hysteria is one of the most common of nervous diseases, and although we know nothing of its true basis, yet it is known to occur most frequently in people of an unstable organization, and at present the popular opinion is that it is a thought disease.

The hysterical patient may present the most varied symptoms, as almost every known disease may have its mental prototype.

We are familiar with hysterical pains, diarrhoeas, coughs, oedemas, and joint affections, while occasionally we meet hysterical fevers, mastitis, pseudocyesis, convulsions, paralyses, and insanities.

It will be sufficient here to briefly outline the disease from the description given in Potts' text-book on "Nervous and Mental Diseases."

It may occur in either sex and every race and at any age. Clopatt's series of cases show seven per cent under three years of age.

The predisposing cause is heredity; a history of epilepsy, insanity, hysteria, alcoholism, or tuberculosis being frequently found. While among the exciting causes are physical trauma, lack of discipline in children, imitation, and especially psychical shock.

The symptoms are divided into the paroxysmal or convulsive attack, and the interparoxysmal, or stigmata.

The typical convulsion lasts from fifteen to thirty minutes and is divided into four stages; the epileptoid lasting a few minutes, in which there is a tonic spasm followed by clonic movements with cyanosis and embarrassed respiration, and finally relaxation; this is succeeded by the period of grand movements, which may last fifteen minutes and begins with intense rigidity followed by rapid flexions of the body and limbs. The next stage is that of passionate attitudes or ecstasy, in which different emotions are displayed. The final stage is that of delirium, in which the patient talks incessantly. This may continue indefinitely and may develop into mutism, lethargy, or trance. Catalepsy is a variation of the period of passionate attitudes.

The interparoxysmal symptoms are sensory, motor, visceral, and psychical. The sensory comprise the anaesthesias, hyperaesthesias, and parasthesias; and the special senses may be involved, causing varying degrees of deafness, or blindness, with loss or perversions of the perception of colors. The anaesthesia may vary from a slight to an absolute loss of sensation, and from a few scattered patches to

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the involvement of the whole body. The line of demarcation is abrupt and the anaesthetic area has the sui generis property of shifting from place to place.

Hyperaesthesia is the cause of the hysterogenous zones and of neuralgia pain, such as the intense headache known as clavus, and pain and swelling sometimes localized in the breast.

The motor symptoms include paralysis, contracture, tremor and in-coordination. The paralysis may be a monoplegia, hemiplegia, diplegia, or paraplegia, or may be limited to a few muscles or groups of muscles. The face or tongue are rarely, if ever, paralyzed, but may be affected by contracture. The degree of paralysis varies from slight weakness to complete loss of power.

Contracture is a common symptom. It may be very obstinate and painful.

Inco-ordination may be of such a degree that the patient can neither stand nor walk.

The visceral symptoms include vomiting, anuria, or polyuria, phantom tumors, cough, pyrexia, rapid respiration, vasomotor changes, cardiac symptoms, rapid or slow pulse, and oedema, which does not pit.

The psychical symptoms are delusions associated with depressions or exaltations and grotesque hallucinations of sight, and the marked impressionability of the patient.

The diagnosis may be difficult, but there is always some variation from the symptoms of the organic disease simulated and always some of the stigmata of hysteria.

The prognosis is uncertain. There may be complete recovery, but the cases are usually stubborn and relapses are frequent, although the disease is seldom fatal.

The treatment must be varied to suit the individual patient. It is important to remember that we are dealing with a real disease, and that the patient is not malingering, as might appear.

The physical health should be looked after and the patient built up if the nutrition is poor. The hygienic conditions should be corrected, and a regular regime with particular reference to the cultivation of self-control inaugurated.

The isolation and rest treatment originated by Weir Mitchell is of inestimable value.

Frequently a disciplinary method will produce results. Hot and cold applications to the spine, plunge baths, the actual cautery, or, apomorphia may be of service.

At present, psychotherapy has the centre of the stage. It seems to be a new term for an old idea, and has its ardent adherents among neurologists and also those who see its limits and dangers.

It consists first, of suggestion; a pseudonym which Weir Mitchell considers a misnomer, as it consists of an imperative command, or assurance to the patient. Second, of re-education of the will and emotions and moral and religious re-education. And, third, of hypnotism, which is generally condemned because of the danger which Bins-

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wanger points out of bringing about a tendency to auto hypnosis, or an automatic confusional state.

Dercum thinks the same danger lies in suggestion.

Brun's method of purposeful neglect seems to be simply Weir Mitchell's isolation plan and his method of surprise, which some consider brutal—merely suggestion in the form of harsh treatment.

Frend's analytical method is considered a startling contribution to the neuroses by some, and of very little value by others. Frend is convinced that the sexual element is the supreme factor in causing hysteria. He has the patient fully relaxed and then obtains a confession of some painful experience through which he has passed. And in this way obtains his confidence and utilizes it to effect a cure.

Weir Mitchell fears that the epidemic of enthusiasm concerning psychic medicine is having a tendency to create the disorders in full proportion to the cures.

The "Emmanuel Movement" was started in Boston more than a year ago, by Rev. Drs. Worcester and McComb of Emmanuel Church. Bishop Fallows is conducting a clinic in St. Paul's Reformed Episcopal Church, Chicago; and Rev. Robert MacDonald in the Washington Avenue Baptist Church, Brooklyn. The reference books used by these ministers are, "Psychic Treatment of Nervous Disorders," by Du Bois, and Schofield's "The Mental Factor in Medicine." The work so far has been conducted in conjunction with physicians of good standing, no case being treated which has not previously been examined and diagnosed by a physician. Dr. McComb explains the movement as follows:

"You cannot fall a victim to hypochondriacal or neurasthenic misery, nor can you suffer the tortures of insomnia, or the slavery of a drug habit, without experiencing ethical and intellectual deterioration, which sometimes amounts to a deep-rooted perversion. It is obvious that disorders in themselves, primarily psychical and spiritual, must be met primarily by psychical and spiritual remedies. The Emmanuel Clinic in Boston aims not only at directly helping sufferers by well known therapeutic measures, such as suggestion administered in a waking or hypnotic state, psycho-analysis, moral and religious reeducation, and so forth, but also at helping them to help themselves."

This movement is undoubtedly an unfortunate one, as it gives into the hands of the laity what belongs to the sphere of the neurologist. It is inevitable that it will in time fall into disrepute through its general adoption by the churches of the country and by being practiced by men who are unscrupulous and who do not work in conjunction with a reputable physician. The movement being protected by religion will give this class of workers a greater prestige than it would otherwise have.

Psychotherapy is an important branch of medicine, and should be dispensed by a physician who has force of character, a magnetic personality, and a thorough knowledge of psychology.

That physicians feel that they should not neglect the subject is evinced by the fact that Tufts Medical School will add to its curric-

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ulum the first of October, a course in psychotherapy in charge of Dr. Morton Prince and Rev. Albert E. Shields, and other schools will undoubtedly soon follow.

REPORT OF CASES.

I am now treating a patient who, when twelve years old, saw a woman commit suicide by cutting her throat. She fainted and was unconscious twelve hours, and has been neurotic ever since. Now, at twenty-four years, she has hysterical neuralgias, localized painful spots, and a very marked oedema of the hands and feet at times. I am trying a disciplinary method with partial success.

In a case of pseudocyesis, the patient, a Swede, thirty-eight years old, thought herself pregnant thirteen months. On finding the uterus small and the tubes and ovaries normal, I diagnosed the case as purely mental, with the result that she promptly went to another physician.

Another case, Miss M., twenty-eight years old, with an hysterical family history on the maternal side, has at different times during the past ten years, had globus hystericus, hysterical fever, hysterical oedema of the face and lips, hysterical acne, tympanites, diarrhoea, cough, and a minor form of hysterical convulsion. I have tried the re-education method during the past year and consider the patient practically cured.

Another case showed hysterical contracture:

Mr. C., bookkeeper, forty-two years, father a heavy drinker. Patient has been subject since a child to hysterical clavus and frequently threatened suicide. In January, 1906, had an attack in one of the public buildings. When I saw him he could speak with difficulty, jerking out one word at a time. His right leg and the muscles of the right side of his face were contracted. He was taken home and put to bed in a dark room and not allowed any company. He had a nurse and was put on a regular regime—hot cloths on the spine, massage, a hot bath, and an alcohol rub, with special diet at regular intervals. The second day he cried a great deal, and the fourth was very loquacious and restless, moving his head and hands almost constantly. By the second day the contracture of the leg was gone, the contracture of the face having disappeared on the first, and by the tenth day he was back at work. The object in keeping him in a dark room was to make his confinement in bed as unpleasant as possible in order to hasten his recovery. I did not tell him his symptoms were hysterical, but told his wife, so that she would not sympathize with him. Later she told him my diagnosis. He has had no recurrence in two years, although he still has an occasional severe headache.

Case of hysterical convulsions:

Miss H., twenty-four years, court stenographer. First seen June 10th, 1905. Four and one-half years before she began to have "dazed spells" at long intervals. Gradually the intervals shortened and the attacks increased in severity until she was having as many as eight in twenty-four hours. For the previous six months they had been major attacks. The first time I was called she had a convulsion immediately upon my arrival. She began to stare, and her face became

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pale; she slid half out of her chair and became perfectly rigid; then her face grew purple and she began to jerk violently; presently she relaxed, but immediately grew rigid again, and began to throw her arms and legs about violently. She kept this up for about five minutes, and the movements were growing less violent, when her sister suddenly rushed to her and kissed her until in a minute or so she was perfectly quiet.

We put her on the bed, and she lay there in a dazed condition for half an hour. Afterward she was cognizant of the fact that she had had an attack. The patient was very much emaciated, apathetic, expression foolish, eyes dull, sallow, tongue coated, constipated, appetite poor, chest narrow, ribs prominent, and abdomen retracted. She had not menstruated for one year; previously her periods had been normal. The uterus and ovaries were very small, suggesting premature atrophy. Her mother knew absolutely nothing to cause the hysteria.

She was kept out doors all day, with as much exercise as she could take. She was made to saw four large sticks of wood daily, and split them, to develop her chest. The feeding was forced and she was given calomel every two weeks, and put on ovarian tablets for two months, when she had a slight period. The ovarian tablets were stopped and she was put on iron quinine and strychnia. February 6th, 1906, seven months after I first saw her, she had gained twenty pounds. Periods regular for four months. Convulsions very greatly lessened in severity and no attacks during the day for the last three months.

At present she has a major attack two or three times a month, and from five to seven of a milder type. There will often be intervals of three weeks in which she will be free from any attacks. Her mentality has improved so that she does some literary work. Her physical condition is good. If it had been possible to isolate this patient, and to give her psychic treatment, the result might have been more successful.

In institutional work I was in charge of two interesting hysterical patients.

Miss B., thirty-five years, low type of mentality. Hysterical from childhood. She would send me word she was going to have an attack and then have one very similar to those she saw the epileptics have. She would lie for hours, apparently unconscious. Her whole body was anaesthetic; pins and electricity and pressure on the superorbital nerves had no effect. The only way in which she could be aroused was to put her in a Trendelenburg position and let water from the irrigator run into her nostrils. She finally was sent to the insane asylum.

The other patient, Mrs. B., forty-seven years, had hysterical insanity at the menopause. Her mental symptoms developed gradually; she thought she saw dogs lurking in the hall; she spent two days writing undecipherable telegrams. Her intense desire to hear her daughter's name pronounced would lead her to promise anything asked of her, and she always kept her promise. She had just as strong

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a desire not to hear her son's name, seeming to have the idea that speaking his name would injure him, so she called him by another name. She had a great aversion for certain words, and invented other words to take their place, as "ert" for "cut." She gradually grew worse, and one night became frantic at seeing "Mephistophlean" faces lear at her through the window. She thought snakes were in her clothes and electric wires were strung about her room and in the bath tub. She picked holes in her clothing, trying to pick out the snakes. She put pins and matches in her hair, and had one maniacal outburst. She refused to eat, saying snakes were dissolved in her food, and at this time had severe insomnia. Her physical condition was becoming serious when she had an attack of pleurisy. The pain seemed to create a favorable mental diversion, and with the enforced r:est her improvement was very rapid. Her hallucinations disappeared and her recovery was complete in about six weeks.

Uterine Displacement.

E. J. Boldt, New York (Journal A. M. A., Sept. 12), says that with the advances in operative surgery, the practice of minor gynecology has almost been lost sight of. We should remember, however, that all patients are not alike suited for surgery and that no operation is entirely free from risk. He points out that a considerable number of acquired retroversions and retrodisplacements, not fixed by adhesions, are amenable to treatment by pessaries, which, however, should never be used until the uterus has been placed in physiologic anteflexion. The cases best suited for this treatment are the recent postpuerperal ones, hence the importance of examination of these patients about a month after confinement. If the physician is specially trained in the Thure Brandt method and can give the time, and the patient is willing, much can be accomplished in cases with adhesions, especially old postpueral cases. There are also some backward displacements with light adhesions that can be broken up after the Schultze method under anesthesia at one sitting. In acquired pathologic anteversions and anteflexions, pessaries are useless except for the relief of the vesical tension. There is only one pessary which, in Boldt's opinion, meets the requirements for these conditions, and that is the "Gehrung pessary." It may also be useful in mild cases of prolapse of the uterus and vagina, but he has used it only as a palliative measure before operation, as he has not seen permanent relief from its use. Congenital anteflexions, usually with retroverted cervix, are due largely to shortening of the rectouterine ligaments and frequently associated with posterior perimetritis. Pessary treatment is useless in such cases, so far as his observations go.

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Medical Societies

EDITORIAL REPORT.

Washington State Medical Association, 1908.

The Nineteenth Annual Meeting of the Washington State Medical Association was held at Walla Walla on September 9, 10 and 11, 1908. The officers and committees of the Association at the time of opening such session were as follows:

Officers.

C. N. Suttner, President, Walla Walla.

W. H. Axtell, First Vice-President, Bellingham.

R. G. Black, Second Vice-President, Vancouver.

C. H. Thomson, Secretary, Seattle.

L. L. Love, Treasurer, Tacoma.

J. R. Yocum, Delegate A. M. A., Tacoma.

J. C. Cunningham, Alternate, Spokane.

Judicial Council.

H. M. Read, term expires 1909, Seattle.

J. R. Yocum, term expires 1909, Seattle.

R. L. Thompson, term expires 1908, Spokane.

L. M. Sims, term expires 1908, Kalama.

L. R. Markley,, term expires 1908, Bellingham.

A. E. Street, term expires 1910, Colfax.

Bert Thomas, term expires 1910, Walla Walla.

C. J. Lynch, term expires 1910, North Yakima.

F. H. Luce, Davenport.

Committees.

Publication—C. H. Thomson, P. W. Willis, J. H. Lyons.

Medical Legislation and Public Policy—J. R. Yocum, H. M. Read, Bert Thomas.

Press and Public Information—L. R. Markley, J. R. Yocum, Y. C. Blalock, W. A. Shannon, C. W. Bales.

State Medical Examining Board—F. H. Luce, William Johnson, C. P. Gammon, C. S. Hicks, M. Russel.

Auditing—E. E. Heg, W. C. Cox, H. H. McCarthey.

Necrology—C. H. Thomson, J. M. Semple, H. W. Howard, R. A. Cove, Grant Calhoun.

Tuberculosis—F. H. Luce, W. R. M. Kellogg, N. M. Baker.

Venereal Prophylaxis—G. S. Peterkin, W. S. Durand, H. B. Luhn.

The session was opened by the president, Dr. C. N. Suttner, of Walla Walla, at the Keylor Grand Opera House, Sept. 9, at 11 A. M.

Hon. Levi P. Ankeny, of Walla Walla, senator of Washington, made the opening address.

Mayor Eugene Tausick, of Walla Walla, gave the address of welcome to the city.

Dr. Blalock's Response.

Dr. N. G. Blalock made the response, as follows:

Gentlemen: In responding to the hearty welcome of our Mayor, I wish to state on behalf of the medical profession, and especially of those present today, that we thank you, Mr. Mayor, for this hearty welcome. Our meeting here in this beautiful city of Walla Walla, by men who devote their lives, their energies and their ability for the amelioration and relief of suffering humanity is inspired largely by the desire of their own improvement and advancement in scientific research and to exchange ideas and views which will enlarge and better prepare them to perform their noble work of not only relieving suffering, but preventing dis-

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ease. Their self-sacrifice and efforts along this line are different from any professional work in this, that they strive to prevent sickness and disease. If they succeed in this, their success tends to cut off all revenue; and not only is this unselfish work cheerfully performed by scientific investigation, knowing at the same time that they will not receive any remuneration for their toil and scientific investigations, but they are often condemned and even abused by the common people, who are not able to appreciate the results of the investigations of scientific men, such as Jenner, whose investigations have lead to the amelioration and almost the entire eradication of the dreaded loathsome disease of smallpox. The introduction of the antitoxins has reduced the mortality of that dreaded disease, diphtheria, to a wonderful degree, and the dreaded white plague is now recognized by all scientific physicians as being a curable and preventable disease. The wonderful stride of surgery along antiseptic lines has made it possible to relieve by surgical operation many serious troubles that were formerly considered beyond the reach of surgical skill. These large fields of scientific research are cultivated by bright and active minds solely for the good of humanity by the noble profession which we have the honor of representing here today. Furthermore, we may be allowed to state that our profession is not only in the forward ranks of scientific investigation, but as pioneers, as missionaries, as explorers, as patriotic statesmen and public-spirited men, we point with pride to such men as Dr. D. S. Baker, our former townsman, and Marcus Whitman, Dr. Kane, Dr. Livingstone and many other noble and great men who have done so much for humanity. We feel justified in calling your attention more particularly to a short biographical sketch of our beloved citizen who did so much for the development of this country, and well deserves the eulogy of those of us who knew him well. Everybody who knew him will testify to his personal merits and personal worth, as one of the brainiest men that ever lived and worked for the advancement of the state of Washington. I refer with pleasure to this great and good man who was born in Wabash County, Illinois, on the 18th day of October, 1822. In 1845 he graduated from the Jefferson Medical College of Philadelphia. He practiced medicine at Des Moines, Iowa, until the spring of 1848, when he left for Oregon, arriving at Portland in the fall of 1848, practically penniless. Gold was discovered in California in '49, and he joined the rush to the new gold fields. Returning to Portland in 1850, he entered the general merchandise business with L. B. Hastings. The following spring he went to Yreka, California, a newly discovered mining camp, with an ox team and prairie schooner loaded with mining supplies, returning the same year to Umpqua Valley, Oregon, where he located a homestead and built the first flour mill in Southern Oregon. This mill was built at the old town of Oakland, in Douglas county. Here he engaged in stock-raising, milling and general merchandise. In the year '58 he again returned to Portland, Oregon, and engaged in the hardware business. In 1860 he established a store in Walla Walla and placed Wm. Stephens in charge as manager. In sixty-one he took personal charge of the business, forming a partnership in sixty-two with his brother-in-law, John F. Boyer, and established the firm of Baker & Boyer, merchants. In 1862 he associated himself with Captain Ankeny, H. W. Corbett and Captain Baughman and organized a steamboat company for the purpose

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of running a line of boats on the Columbia river. This company built the steamer Spray for the upper river, and the steamer named the E. D. Baker, which ran on the lower Columbia. The following year these boats were sold to the old Oregon Steam Navigation Co. In 1869 the bank of Baker & Boyer was organized, it being the first bank established in the then territory of Washington. Three years later found him engaged in the construction of the Walla Walla & Columbia River Railroad to connect the town and valley of Walla Walla with the Columbia river. This line he built almost unaided, and from his own personal resources, after overcoming unnumbered difficulties. He lived to see it a great success, not only adding to his personal fortune, but bringing great prosperity to the entire Walla Walla valley and country tributary thereto. This road was finally sold in '78 to the Villard syndicate, and became a part of the present Oregon Railroad & Navigation Company's system.

Dr. Baker devoted the remaining years of his life to banking and the inauguration of various enterprises in and about Walla Walla. He died in July, 1888. His life was an illustration of what can be accomplished by energy, courage and perseverance, coupled with integrity of character.

Marcus Whitman was a physician, missionary, hero, statesman and martyr. As you are all aware, Walla Walla is the seat of Whitman College, and doubtless you have known something of the recent and very hopeful endeavors to greatly enlarge the resources and equipment of this institution, $200,000 being raised in the city of Walla Walla as a starter for the New Whitman. Probably most of those here present are aware that Whitman College was founded by Cushing Eells as a memorial to Whitman who, with his devoted wife and twelve others, rest in the martyr's grave at Wailatpu, five miles west of this city. I may doubtless assume that all of you who have become familiar with the history of the West know something of the vital part borne by Marcus Whitman in that remarkable chain of events, of causes and results, by which Oregon became the possession of our own country. We, as physicians, cannot be justly accused of egotism if we claim for our profession a foremost place in every line of human endeavor, for we are stating but the sober facts of history. But perhaps in no brand of activity has the physician been more in evidence than in exploration and in missionary enterprise. From Kane, in the frozen zone, to Livingstone, in the torrid, the doctors have led the advance guard of those who have sought the mysteries of the earth and its inhabitants. But of all the men who have thus advanced the bounds of knowledge no one has ever surpassed Marcus Whitman in energy, devotion and heroism, as well as in actual life results.

This man whom we honor with these passing words was born at Rushville, N. Y., Sept. 4, 1802. He was of sturdy New England ancestry, and as a boy had the life of economy, self-reliance and honesty which was the common heritage of the boys of that time and region. Deprived of his father at the age of eight, he was obliged to toil with mind and hand and thus developed remarkable strength of both. Having obtained a good common school education, he chose the medical profession and entered the Berkshire Medical College at Pittsfield, Mass., and graduated with high honors. After practicing four years in Canada he returned to

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his native town in New York, expecting to take up there the practice of his profession. But some business complications compelled him reluctantly to join his brother in a saw mill industry. During his medical practice he became noted as a bold and generally successful practitioner.

While engaged in business in Rushville with the hope at all times of resuming his practice, he became interested in Oregon and as a result was established as a missionary at Waiilatpu on the Walla Walla in a beautiful place among the Cayuse Indians. They were a fierce and intractable band, and so completely failed to comprehend the aims and methods of the noble philanthropist that eleven years later they perpetrated the dreadful massacre which closed all missionary labors, as well as white residence in this region for a dozen years.

In concluding this reference to Marcus Whitman, we may say that his character of intrepid resolution and heroic action is best illustrated by his mid-winter ride across the continent in 1842, to describe Oregon to the President and his advisers, to urge on them the policy of holding Oregon against all rivals, and finally to lead out an immigration of American home builders who should and did settle forever the question of American occupation.

In these endeavors Whitman triumphed gloriously. He impressed the officers of the government with the vital importance of holding Oregon. He led back the immigration. He helped establish the American home in the wilderness. He saw Oregon become an American possession. And then he took on the martyr's crown. As physician, hero, statesman and martyr, we honor him today.

Afternoon Session, Wednesday, Sept. 9

Dr. L. R. Markley, of Bellingham, presented a paper upon "A Case of Gall Stone Disease Complicated with Necrotic Pancreatitis."

Synopsis: Giving history of case from the first call, when it was thought to be a case of gall stone colic. Operation two weeks later. History of the case at the hospital. Report of autopsy. Then follows a brief resume of gall stone cases. Also a resume of the different kinds of pancreatitis. Taking up the mode of infection of the two diseases, calling attention to the anatomic fact that the two ducts lie close together and infection will go from one to another gland. The gland primarily infected being in many cases responsible for the infection of the other gland. Calling attention to the peculiar course of this case that we could not account for until the autopsy revealed the diseased pancreas.

Calling especial attention to the probable fact that many cases of pancreatitis are overlooked and often diagnosed as some form of gastric disease. Especial attention is given to a differential diagnosis of the two diseases.

Dr. H. H. McCarthy, of Spokane, said that the case was surgical from the first, and that he believed that results would have been better if so treated. He had seen two cases, both surgical from the first. All are probably hemorrhagic in the beginning. The incision in operation should generally be above the stomach.

Dr. C. O. Reed called attention to digestive processes upon the surrounding tissues, where the pancreatic fluid escapes.

Dr. Yocum said that the condition was an acute infection and he disagreed with the writer who had employed drugs increasing peristaisis. He looked unfavorably upon early operations in acute infection.

Dr. Earle Else pointed out that if operation had been done seven years earlier, when the gall stone condition

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alone was present, life would have been saved through a prevention of the septic extension into the pancreas.

Dr. Rose urged examination of urine in all abdominal cases of like character.

Dr. Mc. R. Smith discussed the difficulty of operations in pancreatic disease due to the situation of the gland.

Dr. Markley, in closing, said that he was opposed to too frequent operations upon the gall bladder, and stated that he believed that in a few years we would be surprised when reviewing the frequency under slight provocation which now prevails.

Dr. W. C. Cox, of Everett, then presented his paper upon "Fracture of the Skull," published elsewhere in this issue.

Dr. F. M. Carroll, in opening the discussion, reported a case where much brain tissue was lost and man recovered. He pointed out that there was a wide difference between a fracture of the skull and a fracture of the brain. In every case of probable fracture it is better to thoroughly uncover the skull, and if in doubt make a small trephine opening. In all cases following trephining for internal hemorrhage of profound shock, drainage should be provided to guard against possible secondary hemorrhage and pressure.

Dr. R. L. Gillespie spoke of the dangers somewhat late in casualty cases due to infection through drainage. In the Murray & Gillespie Hospital at Butte, where head injuries were common events among miners, while in general practice years ago, he had made a study of such cases, and had then been surprised at the great injury which could be inflicted upon the cerebral tissues and the patients still have a fairly useful existence upon leaving the hospital. He gave a case where with a 38-calibre revolver a man had shot a bullet into his brain, entering the right temple and lodging in the falx cerebri where, after death from another cause, it was found two years later. The patient attempted suicide on account of epilepsy and the epileptic attacks were not increased by this additional brain lesion.

Dr. S. D. Allen said that in Cook County Hospital, Chicago, it is the rule to cut down in every head injury, no matter if comparatively slight. He had seen five fractures in unsuspected cases found by this method. He referred to the importance of studying symptoms to determine whether or not there might be a brain injury contra coup.

Dr. Cox closed the discussion and reported that no post-mortem had been made in the case.

President Suttner said he desired at this time to publicly express the thanks of the society to Dr. Keylor for his generosity in donating the use of the Keylor Grand Opera House for the session.

Differential Leucocyte Count.

Dr. Earle Else, of Palouse, then read a paper, which is to be his Masters thesis at the Northwestern University of Chicago, upon the subject of "Diagnostic and Prognostic Value of Differential Leucocyte Count in Surgical Cases:

Synopsis: Object of paper; present status of the differential count with a review of the literature; technique with the report of a new blood stain; report of personal work; conclusions.

Leukaemia.

Dr. Bert Thomas, of Walla Walla, read a paper upon "Leukaemia."

Synopsis: Definition; types of the disease; etiology; morbid anatomy; symptomatology, blood changes, etc.; diagnosis; prognosis; treatment, by medicine, by electricity, by surgery; (splenectomy) (conservative surg-

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ery). Report of cases improved by conservative surgery.

The discussion upon these two highly scientific papers was opened by Dr. H. M. Read, of Seattle. Dr. Read believed that clinical symptoms held over blood count or other scientific evidences in most cases, although both should be employed where possible. Jenner's stain was urged as one ready of application under nearly all conditions. He also believed in the use of clean slides rather than cover glass in making examinations.

Dr. Henry Waldo Coe called special attention to the use of the X-ray applied direct to the marrow of long bones, and applied in a thorough manner, as possessing greater advantage and being more scientific than the X-ray treatment of spleen and glands. Such treatment took place at the site of primary development of leucocytes and was, therefore, more effective than when applied to spleen and glands where the degenerative process was largely of a metastatic order. He spoke of a report of cures by Warthin reported in the International Clinic in 1907, and of Pancoast's recent supplemental paper to that of Stengle and Pancoast, read before the American Therapeutical Association, and published in the Therapeutic Gazette recently, wherein decided results had been attained by the application of the X-ray to the marrow of long bones. A rapid reduction in the blood count calls for a decrease in the number of treatments, while a slow decrease promised well for continuous application of the X-ray.

Dr. Thomas, of Seattle, reported six cases noted in hospitals treated by X-ray applied to spleen and glands, all patients dying. Four cases where X-ray was applied to long bones and all are improving.

Ligation Carotid.

Dr. James J. McKone read a paper upon "Ligation of Common Carotid for Hemorrhage following Injury of Superior Maxilla."

Synopsis: F. R., age 30, 1906, was hit by crank shaft on facial surface of left Superior Maxilla, rendered semiconscious, severe hemorrhage from left nostril and vomiting of swallowed blood. Dr. C. P. Balabanoff called and plugged wound, hemorrhage still continued in spite of plugging and replugging. Was called May 1st about 10 P. M. We at once packed nasal cavity firmly, as hemorrhage was severe —hemorrhage continuing and symptoms becoming alarming. Tied Common Cartoid above Omo—Hyoid. May 2, at 4 P. M.

Patient now in good health, two years later. No head symptoms.

Dr. C. A. Reed reported a compression of the common carotid artery for a serious condition with good results.

Night Session—Wednesday, Sept. 9, 8 P. M.

The session was opened by the President, who urged a closer relationship with the public.

Dr. C. A. Smith presented the paper of Dr. W. R. M. Kellogg, of Seattle, entitled, "The Tuberculosis Problem in Washington Today."

The speaker stated that in bequest and otherwise there was a fund of about $70,000 now available for a tuberculosis sanitarium at Seattle. The paper was fortified by numerous lantern slides showing deplorable hygienic conditions existing in Seattle and New York in former times.

Synopsis: The importance of this disease, economically and socially; efforts which have been set to work in this State; Washington Association for the Prevention and Relief of Tuberculosis; the press; an enlightened public

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sentiment; a public spirited Governor; private endowment of the Pulmonary Hospital of the City of Seattle; what should be expected at the hands of the coming Legislature."

Tuberculosis Problem.

Dr. H. M. Greene, of Portland, followed with a paper entitled, "Some Things the Public Should Know About Tuberculosis."

Synopsis: 1. History of the disease. 2. Its cause and mode of onset. 3. Early symptoms and the importance of their early recognition by the laity. 4. Precaution that should be taken to prevent the spread of disease.

Medical Inspection in Public Schools.

Dr. Eugene Allen, of Seattle, presented a paper upon "Medical Inspection in the Public Schools," in which he gave a brief history of school inspection in that city, showed the objects to be attained, especially that of prevention of the spread of contagious diseases. He urged a state wide inspection in the state. In the course of his remarks he showed the difficulties encountered in enforcing cleanliness.

In one case he had sent a boy home to have a bath. The boy returned with a note, saying, "Johnny ain't no rose. Don't smell him, learn him."

In another case the reply came back: "Billy ain't got no more lice than the teacher or the young fellow who thinks he is a doctor. They're only nits."

This paper closed the evening's work, and the society adjourned.

Morning Session—Thursday, Sept. 10, 9 A. M.

The President opened the day's scientific program by presenting to the society Dr. Joseph C. Bloodgood, of Baltimore, who made a talk upon "The Problems in the Early Diagnosis and Operative Treatment of Tumors of the Breast."

Dr. Bloodgood referred to the work and discouragements of the great Agnew, and showed why results were not more favorable in that promising cases were not operated upon with sufficient radicalism.

Bilroth was stated to have been the greatest surgeon of his time, and none so great had since appeared.

The less difficult to diagnose a cancer the worse the prognosis. Conversely, the more difficulty in diagnosis, the better the prognosis. Frozen sections, while affording opportunities for study, were not in a normal state of resistance to pressure and often created false impressions in the minds and pressure sense of the student when meeting the same condition in the living subject.

Dr. Bloodgood said that instead of the gloomy prognosis which some make, he was sure that all forms of cancer, with few exceptions, are possible of cure if treated with extreme radicalism. Pigmented moles should be removed early in all cases, as where they degenerate into cancer their prognosis is exceptionally bad. In cancer in certain locations, even where cure is not possible, surgery will often secure comfort for the patient for a season, as in jaw tumors.

If the breast is grasped in both hands and squeezed forward, if there is puckering over the tumor, cancer is certainly present. Some cases may be cancer and not make this showing, but when present the disease is surely cancerous. The measurements should be made of the periphery of the breast, where the case is doubtful and the determination ascertained, whether there is a shrinking of periphery as the tumor slowly increases in the breast.

The smooth walled cysts of the breast containing clear fluid are benign. Where they contain blood, grumous matter or cancerous looking

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substances they should be treated as malignant.

Dr. H. M. Read, of Seattle, in opening the discussion, condemned delay, agreeing with the speaker that in case of doubt the case should be treated as malignant. He felt that to wait for glandular enlargement was inexcusable in a person above 25, while to mutilate a girl below 25 was likewise reprehensible.

Dr. Eagleson asked what may be expected in cases where all submaxillary or axillary glands are involved.

Dr. Greene pointed out the advantages of the X-ray in relieving pain.

Dr. Markley reported an interesting case of a young woman operated on by him.

Dr. W. G. Cole, of Pendleton, discussed the paper and asked Dr. Bloodgood to amplify his former statements upon some features.

Dr. Andrew C. Smith, of Portland, criticised the Jackson operation, which sought to save the skin over the cancer, seeking present cosmetic results rather than later the life of the patient. Dr. Smith preferred to make the skin incision extensive and to depend upon skin grafting where necessary. He favored acid for moles rather than the knife. In doubtful cases he favored operations with cautery knife. If the specimen removed shows malignancy under the microscope then make the operation as radical as possible, removing boldly all glands, whether macroscopically they seem diseased or not.

Dr. Canfield, of Seattle, reported a case where there was a recurrence in the scar, and pointed out the danger of reinfection through the knife.

Dr. Earl Else urged the strictest uses of the more modern scientific methods in diagnosis. That the surgeon need not be in doubt.

Dr. McCalla, of Boise, questioned the accuracy of the statement that every smooth walled cyst without blood is benign.

Dr. Kimball, of Spokane, suggested that recurrences in skin were not from cells of the skin, but from underlying diseased tissues which grew into the otherwise healthy skin.

Dr. Bloodgood, in closing, said that he was glad to see such a general discussion, as he tried always to follow Bilroth's plan of leaving much unsaid, that valuable discussion might follow. Surgery needs new enthusiasm every year, and the fact that operations are yearly showing more cures should rekindle our enthusiasm for radical surgery in cancer. The dimpling rule does not apply to cancer other than in the breast. The recurrences are more often in the chest wall and scar than in the axilla.

To send our patients out in a "few days" is spectacular, but in the end both patient and surgeon suffer for this injustice to patient. Dr. Bloodgood proposes to continue to remove large areas of skin and do grafting where necessary, although one must be well equipped for good work in skin grafting.

Serums have not seemed to do any good, but should be tried. Believed that we have in our own bodies something to kill cancer if we can succeed in separating it. This accounts for the fact that in some there is resistance six months or a year longer than in other cases. The internal vaccines are seeking to prevent the spread of the disease. We should assist by experimentation in the development of the serums. X-ray cures only superficial facial epithelioma. Cooley's serum should be tried in inoperable sarcomas. In the experience of Dr. Bloodgood his former statement as to smooth walled cysts of the breast have proven true. The knife makes no greater scar than acid in his own work. The knife must not

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penetrate the cancerous mass. Uses cautery knife in obscure mouth cases where limits of cancer mass are uncertain, thus destroying cells in line of incision and staying hemorrhage. Specimens can most safely be secured by cautery knife. When in doubt, always treat as cancer. Hairy moles sometimes become sarcoma, but rarely if ever carcinoma. In every case if there is the smallest possibility of doing good, operation should be done, although in some, harm may come from the operation.

Medical Journals.

Dr. K. A. J. Mackenzie, of Portland, then read his paper upon "Medical Journals," which covered in a full way the desirability of "Organization" if along ethical lines and for general and not selfish purposes.

The paper was not discussed.

After Treatment in Surgical Cases.

Dr. L. P. McCalla read a paper upon "The Importance of After Treatment in Surgical Cases," published elsewhere in this issue.

Dr. Kimball, of Spokane, commended the paper and emphasized certain features therein.

Dr. Andrew C. Smith spoke of the necessity of keeping the patient warm and dry, preventing shock, colds and discomfort. The head should not be lowered.

Dr. Rose, of Spokane, said that mucus in anaesthesia would take care of itself if the surgeon was careful. He emphasized the necessity of plenty of air, and reprimanded any surgeon who would consume all the air in the operating room by too many by-standers or too many gas jets.

Dr. R. C. Coffey, of Portland, discussed the Crile method of using transfusion, saying that it is difficult of application, and that the surgeon needed skill to perform the same. In his own practice one patient had died, although in another case, after becoming more familiar with the method, he had succeeded admirably.

Dr. E. O. Jones, of Seattle, reported the use of the Crile method of direct transfusion where same had been readily done with good results. Dr. Jones did this after experimentation with the canula and making some failures upon dogs. Had never been able to kill dogs by over transfusion except where thrown into the carotids.

Dr. K. A. J. Mackenzie, of Portland, reported that in a very large number of operations extending over many years, he had noted the psychic influences of environment and had always made much thereof. He opposed hurried operations. He was a great believer in subcutaneous saline injections and felt that they should be done while the operation was in progress rather than to lose time by stopping operation during the procedure. He believed in the economy of every moment possible, but decried haste in the essential thing, the operation itself. In cases in extremis had seen remarkable results where such condition having deadened pain centres were able to stand operation with little or no anaesthetic.

Dr. McCalla urged, in closing, fresh air at operation as well as after same. Opposed too many assistants for this same reason. Did not believe in irrigation in abdominal cases, washing out the phagocytes, therein quoting and agreeing with Murphy of Chicago.

Hysteria.

Dr. Mildred Purman, of Seattle, read a paper upon "Hysteria," which included a description of etiology, stigmata, diagnosis, prognosis, treatment and the report of many cases coming under the doctor's care.

The discussion was opened by Dr. W. T. Williamson, of Portland, who complimented the writer upon the paper. Attention was called to the mis-

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take often made in diagnosing as hysteria other ailments, especially dementia precox and general paresis, and the question was raised as to the diagnosis of some of the cases reported.

Dr. Power called attention to the confusing fact that hysteria is quite often present in connection with other diseases, complicating not only diagnosis, but also the outcome thereof.

Dr. Coe, of Portland, commended the classical presentation of the subject by the writer, and in the main agreed with the writer, although he believed that there was insanity present in two cases reported. He stated that the diagnosis is generally not difficult, but the treatment is often a serious problem. He dwelt upon the suggestive side of therapeutics in such cases. The patient should oftimes be removed from home, not necessarily to a sanitarium, but to a hospital, away from the usual environment. Sometimes the mere improvement in cooking, a service in neat dishes and under changed surroundings will cure a hysterical dyspepsia.

The influence upon the mind of our patient should be educational as well as impressional. We should seek to educate him as to all the conditions in his case which are favorable, and this we can not do without first gaining his confidence in the doctor. Reference was made to a recent article in the Chicago Medical Review by Dr. Lewellyn Barker, in which it was pointed out that not only did the ordinary physician gain knowledge of his patient's condition from blood counts, X-ray, sphygmograph and other laboratory tests, but he sometimes gained thereby much more by the confidence which the patient thereby placed in his doctor.

Pulmonary Tuberculosis.

Dr. E. A. Pierce, of Portland, then presented his paper, "The Formation of Correct Habits as a Factor in the Treatment of Pulmonary Tuberculosis."

Synopsis: The writer set forth the value of rest, regular hour for diet, exercise, sleeping, selection of foods, etc., and to point out some of the ills that follow a lack of observance of physiological principles. A strict observance of sanitation will also be discussed, believing that the treatment of pulmonary tuberculosis is a stern business problem, and should be treated as such.

Dr. C. J. Smith, of Pendleton, opened the discussion, and pointed out certain conclusions which he had reached in his work upon the State Board of Health of Oregon. He pointed out the fallacy of exercise in the case of a patient who was in fever and who was urged often to take a walk of from two to ten miles daily.

Dr. Lynch advised walking in a small circle, so that when the patient should become fatigued he would not be far from home. He believed that fatigue is the most frequent cause of the so-called cold which attacks the consumptive.

Dr. Rose spoke of the improvement in a change from high to low altitude, as well as an improvement in reverse conditions.

Dr. Pierce, in closing, said that he thought that most of the colds of the consumptive were re-infections. He had noticed the improvements in patients coming to his sanitarium from the higher altitudes.

Amoebic Dysentery.

Dr. John Milton Holt, of the U. S. M. H. S. at Astoria, read his paper, "Medical versus Surgical Treatment of Amoebic Dysentery."

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Synopsis: Consideration of this relatively new disease cannot be too frequent, for a time at least. Published accounts of alleged cures by internal medication often fail to mention how long thereafter amoebic coli were absent from the stools, and whether microscopical examinations were systematically made to determine the presence or absence of amoeba. After some of those apparent recoveries subsequent attacks have been reported concerning which it has been said that perhaps they might have been new infections. It is believed medical treatment should be limited to the acute cases, and when the case becomes chronic they are exclusively surgical.

Dr. W. M. Glover, of Seattle, reported three cases upon which he had operated successfully. In one of these the patient remarked the other day that he "would not take anything for that hole in his guts." Dr. Glover thought non-surgical irrigation should be given a most thorough trial in rapidly repeated applications before surgery is invoked.

Dr. K. A. J. Mackenzie spoke of the value of this treatment by surgery in other chronic diseases of the colon of a catarrhal character in which rectal irrigation proves unavailing. He urged earlier and not later operations than those recommended by Dr. Holt. He approximated a term of one month at the termination of which thorough so-called medical treatment had been tried in an acute attack, surgery should promptly intervene.

Dr. J. B. Eagleson spoke of abscess of the liver in this case, mentioning that Dr. Kellogg, of Seattle, was now in the hospital with such condition and in a serious condition. In two other medical friends of his own, where he had operated for abscess of the liver, such operations would have been unnecessary if the Holt operation had been done for the specific colitis.

Dr. Bloodgood said he had always noted a long time as intervening between the diarrhea and the abscess period which gave time for surgery which should certainly be employed early. He criticised the use of the appendix in all cases and said that instead of sewing this to the abdominal wall and opening and doing all irrigation through this opening it was his custom to make two openings permanently in the abdominal wall, one into the caecum and the other into the sygmoid colon, thus furnishing with the rectum three points of entrance for irrigating solutions.

Afternoon Session—Thursday, Sept. 10, 1:30 P. M.

Dr. Joseph C. Bloodgood emphasized the importance of not giving drugs to relieve abdominal pain, and deprecated the method of many in such cases of administering a cathartic. He advised absolute rest in bed, ice on the abdomen, irrigation of the stomach or through rectum. Pain without diarrhea is more significant than pain with diarrhea.

The blood count was insisted upon as showing the tendency of the case toward a septic condition, recovery or other later or sequential states.

Dr. Yocom, of Tacoma, in opening the discussion, emphasized the avoidance of opiates as being desirable in cases of abdominal pain. Unless the diagnosis were absolute this was almost criminal.

Dr. E. E. Shaw, of Walla Walla, that the hypodermic was more an instrument of harm than of good. He criticised the giving of enemas by the orderly, and said the physician should personally look after this procedure in any critical case.

Dr. G. S. Peterkin, of Seattle, emphasized the necessity of securing all

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the urine for 24 hours if the examination is to be conclusive.

Dr. James B. Eagleson reported a case recently occurring in Seattle where a dose of castor oil given had set up peristalsis to such an extent that rupture of the appendix had occurred.

Dr. Andrew Smith, of Portland, defended the general physician against the charge, made even by members of the profession, of incompetency. This kind of talk helped to educate the public to a false belief against the profession.

Dr. Earl Else thought blood count the most important diagnostic aid in abdominal pain.

Dr. K. A. J. Mackenzie thought the paper a type of excellency in that it stood for the employment of common sense in treatment. Is prejudiced against the hypodermic syringe, and never carries one.

Supra-Pubic Prostatectomy.

Dr. A. E. Rockey, of Portland, read his paper on "Supra-Pubic Prostatectomy."

Synopsis: This route chosen on account of facility of operation and perfection of subsequent urinary function. The author's technique describes a method of irrigation and drainage, with absence of blood clots in the drainage tubes and a dry bed from the first. The effect of ammoniacal urine on cut surfaces. Phosphate makers and bladder sloughs. Description of healing at the base of the bladder as seen through the supra pubic opening with the cystoscope. Conclusions.

Surgical Complications of Typhoid Fever.

Dr. S. W. Mowers, of Tacoma, Chief Surgeon for the Northern Pacific Railway Co., then read his paper upon "Surgical Complications of Typhoid Fever."

Synopsis: Overlapping of medical and surgical cases; diseases of bone, typhoid spine, gangrene, pleurisy, perforation, peritonitis, cholecystitis; report of cases.

Dr. Andrew C. Smith, of Portland, said in discussing the case that Dr. Mowers' paper is one of great clerical value, because of the wide hospital experience in typhoid, on which it is based. While we are cognizant of the fact that there is in typhoid a wide distribution of the specific bacillus, there are but few of us who realize the frequency of secondary infections from the bacillus typhous. Many are overlooked, such as those of the plura, meninges, peritoneum, and viscera generally, while less important tissues, such as subcutaneous and muscular, are not exempt. While I have had but a very limited experience with perforating typhoid ulcers, as compared to the classical array of cases presented by Dr. Mowers, I am not unmindful of the duty of constant alertness in that direction, and of the absolute urgency of immediate operation when it occurs as recommended by Dr. Mowers. His splendid record of such cases, proves that it is a frequent life-saver in a class of cases that if treated non-surgically would be absolutely fatal. I would recommend that when the necessity for operation occurs in private homes, they be immediately removed to a hospital, but be operated on at their own bedside, and if there be great tympanites, that only local anaesthesia be used. Dr. Mowers' list of cases did not happen to include any of mastoiditis of the surgical degree, while in my limited experience with surgical complications of typhoid, I have had three. I congratulate the author on the excellence of this paper. It alone would justify our presence here.

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Annual Address.

Dr. C. N. Suttner, President of the Association, then delivered his annual address, published elsewhere in this issue.

Night Session—Thursday, Sept. 10, 8 P. M.

The President introduced to the audience Hon. Otto B. Rupp, of Walla Walla, who presented his paper, "Physicians as Expert Witnesses."

Synopsis: Expert testimony in courts; necessity of same; its use and abuse; remedies proposed; permanent commission appointed by the court, etc.; physicians as witnesses in insanity cases; difference between legal and medical tests; reason for legal test; should the legal test conform to the medical test?

Discussion was opened by Oscar Cain, Esq., of Walla Walla. The interest in the paper and the opening discussion was heightened by the fact that these two legal lights had recently been contestants in the Republican primaries for the nomination for district attorney for Walla Walla county.

Dr. Coe, of Portland, welcomed such a fair presentation of the actual condition among medical men, and a reasonable presentation of the attitude proper for a medical man on the witness stand. He had always thought it presumptuous for the legal profession to assume an air of patronizing grandeur when advising medical men to agree upon the witness stand, when the law itself was built up and sustained because men disagree. Even judges do this, and the opinions of the best men in the law, as compiled in the decisions of the courts, show half the law books advocating in decisions one thing and the other half something else. It was doubtless because of the fact that these legal gentlemen were young men, that they are broader than the old school, recently exemplified by a paper before the Oregon State Medical Society by an old attorney. Dr. Coe favored boards of experts, as suggested by the paper, appointed by the court from a list provided by the medical societies. The doctors know, better than anyone else, who are expert and reliable.

Dr. Williamson, of Portland, favored a non-partisan board of examiners for cases in court, in which insanity is in question.

Morning Session—Friday, Sept. 11.

Dr. Power, of Spokane, then presented his paper, "Measurement of the X-ray."

The X-ray.

Dr. N. G. Blalock then presented his paper, "The Therapeutic Effects of the X-ray and Other Electrical Currents, such as High Frequency, Static D. Au Venville and Radiography. The Use of X ray Diagnosis as in Fracture, Gall Stones." This paper is published elsewhere in this issue.

Dr. Blalock, in discussing the two papers, remarked that now electricity can as well be weighed as are the ordinary drugs by the apothecary. He urged care on the part of young operators in using hight currents. He believed electricity to be the greatest of modern therapeutic agencies. He said that six years before, when he presented his first paper on the X-ray he was ridiculed and his paper denied admittance for publication, on the ground that the X-ray was a quack remedy. Today there is scarcely any journal published without some reference to the uses thereof. We do not yet fully know the character of the X-ray. We do know it will cure disease.

Dr. Power used the X-ray as much as an instrument to make diagnoses by exclusion as otherwise. He spoke of the needs for the use of geometric

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and trigonometric computations in definitely locating bodies giving shadow pictures. Several pictures should be taken and from different angles to the foreign object to insure a correct realization of how best to reach it in many cases.

Dr. Power spoke of the method now coming in of giving single very large doses of this agency, instead of smaller dosage and carried on for a longer time, and believe that this is to be a decided improvement.

House of Delegates.

The House of Delegates presented to the general body a report of its doings and the officers which had been elected for the ensuing year and published elsewhere in this issue of the Medical Sentinel.

Congenital Club Foot.

Dr. John C. Schapps, of Butte, Montana, then read his paper, "Treatment of Congenital Club Foot."

Synopsis: Final results in the treatment of club foot are not rarely disappointing and contrast strongly with the immediate results. Failure is then attributed, and properly, to faulty technique. But the technique was inadequate because it had not dealt vigorously enough with the deformity, for there is sometimes unnecessary and useless mutilation. But the technique was inadequate because dealt with the deformity only and not with the condition of which the distortion was an expression and a consequence. The deforming force is to be estimated much better by the hand than by the eye. This deforming force is resident in a large extent of various sorts of tissue. It and not the mere deformity must be the object of treatment. Application of this principle in the treatment of infantile club foot. Apparatus employed. Correction, retention and restoration of function. Treatment of older cases. Rectifications by cutting or stretching. Rectification lever. Retention and restoration of function.

Dr. Stearns, of Sellwood, Ore., in discussing the paper, said that too much of the after treatment should not be left to the nurse. He advised over correction and operations early. If splints are used, they should be frequently changed.

Dr. Herbert H. Canfield, of Seattle, urged thorough division of fascia.

Diagnosis Obscure Cases.

Dr. R. C. Coffey read his paper, "The Relative Merits of Medical and Surgical Diagnosis of Obscure Intra-abdominal Diseases."

Synopsis: General practitioner doing both medical and surgical practice without special preparation for either, fails because of lack of time and opportunity for detail study. The neurologist is prone to procrastinate with medical means until many cases are hopeless, unless he has opportunity to see surgical results. The surgeon has much better opportunities in that he can study living pathology, but because of the ease and safety of exploratory instances, is in danger of dwarfing his power of logical conclusions. Best results obtained by frequent consultations between internists and surgeons by making independent examination, proofs by consultation.

Dr. McCalla, of Boise, in opening the discussion, said that such a general practitioner as described in the paper must be rare.

Dr. Coe, of Portland, suggested that the condition referred to in the paper touching the neurologist who was not associated with a surgeon in practice, seemed to him needless. That if there was any surgical trouble with the patient "with obscure abdominal symptoms," the general practitioner from whom all the cases come to the neu-

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rologist, would have operated before the patient was transferred to the specialist, or, not being a surgeon, would have called one before such transfer. Should any surgical symptoms intervene, in any case in the neurologist's hands, it was his duty to refer such condition back to the physician referring the case to him. To do otherwise could not fail to do the family physician harm, and with the attendant commotion, injure the prospects of the nerve-racked patient.

Afternoon Session—Friday, Sept. 11.

In opening this, the last session of the meeting, President Suttner remarked that it had been deemed best to read any additional papers ready by title and to devote the entire afternoon to the presentation to be made by Dr. Bloodgood.

Dr. Bloodgood then presented a discussion upon the subject of the "Surgical Psychology." Elsewhere in this issue the same may be found.

Dr. K. A. J. Mackenzie, of Portland, said he felt rather embarrassed to know how to discuss this paper, the third of a series of three able subjects presented to us by Dr. Bloodgood. He agreed with Dr. Bloodgood that the disposition to magnify fear on a large scale is a serious element in the course of any surgical case, as it is in any medical one. The tendency to rush patients into an operation he deemed bad, the claim that the operation should be done immediately, in spite of anything else we may say to him, is suggestive of grave danger, and cannot help but do much harm.

Dr. C. P. Thomas, of Spokane, disagreed with Dr. Mackenzie in the matter of advocating time in attaining an operation. He said that if you attach no importance to the question of time in discussing the operation the patient is liable to leave you, and to procrastinate until, in many cases, surgery is no longer of avail. Dr. Thomas said that his disposition was to rush the patient rather than to allow her to wait and worry over an impending operation weeks and months until she has become such a nervous wreck that she is in no condition for the operation. He narrated a case where he believed a patient had been worried into death by the thoughts of an operation long deferred. He commended the so-called deception method which Crile employed in stealing the thyroid.

Dr. Shaw, of Walla Walla, said that all know how we are unable to do our best when depressed by unfortunate or unfavorable conditions, and there is no wonder that a frightened patient does not progress with greatest satisfaction to the surgeon. The man who talked suggestive therapeutics to a medical body a few years ago would have been criticised. Today we appreciate what some of the psychologists have been doing for medicine. We owe them much.

Dr. Bloodgood closed the scientific work by thanking the society for the pleasure he had enjoyed by being present at the meeting.

Dr. Coe, of Portland, said he has been requested by the Committee of Arrangements, of which he was a member, to present an urgent invitation to all the doctors of the three states, and especially of the great Inland Empire, to be present next year at the Eastern Oregon Medical Society, which would be the greatest medical meeting in Oregon during 1909, and would be held at Pendleton early in October.

The meeting was then declared closed by the President.

Physicians End Annual Session.

After the session, automobiles were in waiting to take the visitors to the penitentiary and for a drive about the city. The wonders of the Blalock farm were also opened up to visitors.

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Attendants.

Those in attendance were: Dr. and Mrs. J. E. Else, Palouse; F. R. Rich, San Francisco; A. E. Rocky, Portland; S. L. Corpe, Weston; B. Thomas, Walla Walla; N. G. Blalock, Walla Walla; W. C. Cox, Everett; A. L. Cunningham, Spokane; Henry Waldo Coe, Portland; E. E. Shaw, Walla Walla; H. M. Greene, Portland; Dr. and Mrs. C. S. Hood, Ferndale, Wash.; John Milton Holt, Astoria; James J. McKone, Tacoma; W. H. Axtell, Bellingham; C. A. Smith, Seattle; R. L. Gillespie, E. N. Crockett, A. K. Higgs, E. A. Pierce, Portland; D. E. Biggs, Bellingham; Edward P. Fick, Frederick Adams, H. M. Read, Kenneth Turner, J. B. Eagleson, Seattle; N. S. McCready and sister, Snohomish; Geo. W. Libby, Spokane; C. B. Alexander, Mabton; E. B. McDaniel, Baker City; Frank Rose, E. W. Tennant, J. C. Cunningham, H. H. McCarthy, A. H. Coe. Spokane; Walter K. Seelye, W. C. Woodward, C. H. Thomson, M. W. Glover, Seattle; L. L. Love, J. R. Yocum, S. W. Mowers, E. A. Rich, Tacoma; E. W. Stimpson, Roslyn; L. R. Markley, Bellingham; C. O. Reed, East Sound; W. E. Russell, Walla Walla; P. C. West, Bickleton; A. Smith, W. D. Kirkpatrick, Bellingham; F. M. Carroll and Mrs. Carroll, Geo. W. McLoughlin, Mildred Purman, E. R. Kelly, H. Eugene Allen, Henry D. Brown, Louis H. Hedon, H. H. Canfield, Seattle; Walter M. Ely, J. Ellery Fales, F. C. Robinson, M. Stiles, H. R. Keylor, Y. C. Blalock, A. E. Braden, J. C. Mack, Walla Walla; H. Page, Freewater, Ore.; D. L. Victor, Winona; Lee Ganson, Odessa; C. G. Black, Pomeroy; L. R. Redner, Dayton, Wash.; W. M. McCoy, Wenatchee; O. M. Dodson, Baker City; C. N. Suttner, Walla Walla; John M. Baker, Geo. T. Penn, C. P. Thomas, M. B. Grieve, R. D. Cashatt, Spokane; E. G. Kirby and Mrs. Kirby, Elgin, Ore.; W. G. Cole, Pendleton; E. E. Dotson, Milton, Ore.; John Huntington, Starbuck; Joseph C. Bloodgood and Mrs. Bloodgood, Baltimore; A. T. Kaupp, Wenatchee; J. H. Kennedy, Milton, Ore.; Everett O. Jones, A. W. Hawley, J. H. Lyons, K. A. J. Mackenzie, Portland; C. J. Smith, I. N. Temple, R. E. Ringo, Pendleton; R. C. Coffey, Andrew C. Smith, R. S. Stearns, W. T. Williamson, William House, Portland; C. G. Black, Pomeroy; Edwin L. Kimball, John H. O'Shea, Spokane; P. B. Swearingen, Tacoma; J. R. Thompson, Sanders, Mont.; D. C. Lazier, Weston, Ore.; Henry Powers, Spokane; C. Edwin Montgomery, Louisville, Ky.; W. Clay Cardwell, G. B. Kuykendall, Pomeroy; John C. Schapps, Butte, Mont.; A. E. Stuht, Colfax; T. M. Henderson, Pendleton; M. A. Nelms, J. W. Summers, A. W. Ely, J. F. Cropp, Walla Walla; L. P. McCalla, Boise, Idaho; C. J. Lynch, North Yakima; H. A. Mount, Waitsburg, Wash.; A. W. Hill, Freewater, Ore.; M. V. Turley, Hermiston; N. W. Jones, Portland; A. M. McIlhanie, Seattle; H. V. Wendermann, Milwaukie, Wis.; Park Weed Willis, Seattle; Wilson Johnston, Spokane; S. V. Cambrun, Geo. V. T. Brown, Tacoma.

OBITUARY.

Dr. C. M. Post.

Dr. C. M. Post, a well known physician at Colfax, Wash., died recently at Barron, Wisconsin. Dr. Post, accompanied by his family, left Colfax in August for a visit in Wisconsin, and after reaching Barron was stricken with malarial fever, which proved fatal. Dr. Post was prominent in local medical society circles.

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Correspondence

One Hundred Thousand Dollars for Portland Medical College.

The following correspondence explains itself:

William Jones, M. D.
Gerlinger Building.
Portland, Oregon, Sept. 19, 1908.

H. W. Coe, M. D., City—

Dear Doctor: Please send me bill for my subscription to the Medical Sentinel now owing, and I will promptly liquidate. In view of your attitude of hostility, assumed in the recent number of the Sentinel toward the Medical Department of the Oregon State University, I want to have my name removed from the subscription list of the Sentinel, and that it should be no longer sent to me.

Yours respectfully,
WILLIAM JONES.

Sept. 23, 1908.

Dr. Wm. Jones, Gerlinger Building, City—

Dear Sir: I can scarcely restrain my surprise at the receipt of your favor of Saturday, which just comes to hand. In the July issue the Medical Sentinel stated, editorially, as follows: "The Medical Department of the University of Oregon has issued its 22nd annual announcement. This well known medical school, with Dr. S. E. Josephi the Dean, is keeping well up with the times. Stricter rules are being demanded everywhere of the medical schools of the country, and the management of this school is doing its full share to keep up with the demands of the enlightened part of the profession." We believed this to be true. Since the time of the meeting of the last Board of Examiners, with the results known to everybody, the Medical Sentinel, in the interests of the students and fair play, has been trying to get the proof as to who it is that is making a joke of the Medical College and victims of the students.

In the statements which have been published in the Medical Sentinel it has been pointed out that the fault either falls upon the faculty or the Examining Board. There is absolutely no escaping this fact. If the fault is in the faculty, they are entitled to no consideration; if it is in the examining board, it should be severely dealt with. If any member of the faculty assumes that the fault is on the part of the Examining Board he should co-operate with the Medical Sentinel in every possible way, in helping to fix the blame where he thinks it belongs. In law, the fault and blame is at present left upon the school, the last move having been made by the Examining Board. If the school is to sit supinely down, or back up, the Board, there is but one inference, and that is, that the Board has done right, and necessarily follows this, the positive conviction, that the school has done wrong. Your letter would imply that you do not care to have this matter discussed; that you prefer that the students should be abandoned in their misery, to the wrong which has been done them. Dr. S. E. Josephi has written us, in which he speaks in very high terms of Dr. Coffey. With one or two other endorsements of the Board, we feel that we shall, in a public way, have to withdraw our editorial published in July.

The question, whether or not there is a personal controversy between Dr. Coffey and ourselves, is not to the point. Most reforms are brought about by men who have a grievance, because such men persist in whatever

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they are attempting to do, while the theorist who seeks reform in an academic way issues his pronunciamento, feels that he has cleared his conscience, and then retires from the field.

You must acknowledge that with 23 graduates this year from the two Oregon schools, and only three of them having certificates to practice, when the Board is passing students from other institutions, including two Osteopaths, there is something wrong somewhere, and those unfortunate students are not getting a square deal. They need other friends than those whom they have found.

In trying to discuss this question impartially, I did state, editorially, that I did not think that the blame should altogether fall upon the school, and am willing to say to you further, that I have heretofore believed, before waiting for the evidence, that a very much larger portion of the blame was with the Board, prejudiced against the professors of your school.

I certainly object to the statement from anyone that I am hostile to the State School. Except that I am not a beneficiary, I am as much interested in it as you are. It is the medical department of the University of my State, and I should be sorry for its shortcomings and proud of its successes.

If there is trouble with the school, let us raise a sum of money and equip it in better shape than it is now. I would here formally propose to you that I will head a list of ten doctors, who should each give $2500 toward the sum of $100,000, with which sum to add equipment and very much enlarge the scope and qualifications and usefulness of the school. Its our own school; the Medical Department of the University of our own State. I made this proposition some time ago to Dr. K. A. J. Mackenzie.

I should be glad to hear from you on this latter point.

Yours very truly,
HENRY WALDO COE,
Portland, Ore. Editor.

Nitrous Oxid and Oxygen Anesthesia.

F. K. Ream, Chicago (Journal A. M. A., Sept. 12), describes the advantages of this combination in dental and major surgery. The most notable advance in its employment has been, he says, the admixture of pure oxygen, and while death may occur from nitrous oxid too freely administered, especially if not combined with oxygen no such results have been reported with this combination. Other anesthetics depress, while nitrous oxid and oxygen stimulate and the heart is the lost organ to give up. It is excellent in obstetrics, because we can obtain by it analgesia and even anesthesia without muscular relaxation or even disturbance of the normal course of labor. He reports two cases and speaks of the freedom from danger of postpartum hemorrhage due to the anesthetic, the relief of pain, and the convenience of having always at hand a safe and reliable anesthetic in case of instrumental or abnormal delivery. A number of surgical cases in which he has used this anesthetic for various surgeons are reported.

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Book Reviews

A Text-Book of Physiology. For Students and Practitioners. By George V. N. Dearborn, A. M. (Harvard), Ph. D., M. D. (Columbia), Professor of Physiology in Tufts College, Medical and Dental Schools, Boston. Octavo, 550 pages, with 300 engravings and 8 colored plates. Cloth, $3.75 net. Lea & Febiger, Publishers, Philadelphia and New York. 1908.

This work enters the field, already well filled, thoroughly equipped to achieve a position in the forefront. It is easier to write verbosely than concisely, and this fact our author is well aware of. Instead of turning loose a mass of more or less arranged facts, a true text-book should present its principles and date in orderly logical form, and should also indicate their mutual relations and bearings, so that the student mastering it may have a clear idea of the whole subject. Dr. Dearborn possesses the true qualities needed for the preparation of a book of this character, and his work will be thoroughly appreciated by teachers and students.

Anatomy, Descriptive and Surgical. By Henry Gray, F. R. S., late lecturer on Anatomy at St. George's Hospital, London. New American edition, enlarged and thoroughly revised, by J. Chalmers Da Costa, M. D., Professor of Surgery and Clinical Surgery, and Edward Anthony Spitzka, M. D., Professor of Anatomy, in the Jefferson Medical College of Philadelphia. Imperial octavo, 1625 pages, with 1149 large and elaborate engravings. Price, with illustrations in colors, cloth, $6.00 net; leather, $7.00 net. Lea & Febiger, Publishers, Philadelphia and New York, 1908.

There has been a great deal of knowledge obtained in anatomy since Henry Gray wrote his great work fifty years ago. He showed a boldness of genius in producing his Anatomy. The text of his work possessed inimitable didactic power, and a series of masterly illustrations. He placed the names of the parts directly on them in his illustrations, thus removing the difficulty of toilsomely looking for them at the end of lines, or, what was worse, finding merely reference letters explained somewhere else. This is the seventeenth edition of "Gray," and in some departments there is not much of him left, but what Gray has lost, the profession has gained. Every page has been thoroughly revised, even since the last edition; alteration and improvement, in the light of increased knowledge, are everywhere to be found. Professors Spitka and Da Costa are not to be surpassed in the matter of thorough competency to supervise the publication of this invaluable work.

General Surgery. A presentation of the Scientific Principles upon which the Practice of Modern Surgery is based by Ehrich Lexer, M. D., Professor of Surgery, University of Koenigsberg. American edition, edited by Arthur Dean Bevan, M. D., and Dean Lewis, M. D. 449 Illustrations in the text, partly in color. D. Appleton & Co., New York and London. 1908.

Dr. Bevan and Dr. Lewis undertook the translating and editing of this work of Professor Lexer because they believed that it presents the present status of the subject of general surgery in a more thorough and complete way than any other text-book. This work is a presentation of the scientific

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principles upon which the practice of modern surgery is based. In textbooks on surgery in all languages, two great divisions of the subject are made, and to these two divisions of the subject various names have been given. In England and America the terms—The Science and Art of Surgery, and the Principles and Practice of Surgery have been generally employed. On the continent of Europe, the terms General and Special Surgery are used. The editors of this American edition prefer the nomenclature of the continent, and have, therefore, retained the term General Surgery, and express a hope that it may be adopted by the American and English profession.

Practitioners who are interested in surgery will find great interest and profit in studying this book. The advances in the science of surgery in the last few years have been so rapid and so great that it has been difficult for the surgeon engaged in active practice to keep abreast of the increasing knowledge.

A Treatise on the Principles and Practice of Gynecology. By E. C. Dudley, A. M., M. D., Professor of Gynecology in the Northwestern University Medical School, Chicago. Fifth edition, throughly revised. Octavo, 806 pages, with 431 illustrations, of which 75 are in colors, and 20 full-page colored plates. Cloth, $5.00 net; leather, $6.00 net; half-morocco, $6.50. Lea & Febiger, Publishers, Philadelphia and New York, 1908.

This is the fifth edition of this work in ten years. This fact tends to prove its excellence. There are many able works dealing with this subject, published abroad and in this country, but many experienced practitioners prefer their Dudley, and swear by it. The text has been thoroughly revised since the last edition was issued. The latest advances that have been made in Gynecology are here given, and the volume has been re-written, rearranged and condensed, so that while there is much more in it, the size of the volume has not been materially augmented. The illustrations are especially valuable, and the entire volume is a great credit to author and publishers.

Pulmonary Tuberculosis and All Complications. By Sherman G. Bonney, M. D., Professor of Medicine, Denver and Gross College of Medicine, Denver. Octavo of 778 pages, with 189 original illustrations, including 20 in colors and 60 X-ray photographs. Philadelphia and London: W. B. Saunders Company, 1908. Cloth, $7.00 net; half morocco, $8.50 net.

There is no subject before the medical profession today that is of greater importance or interest than that of Pulmonary Tuberculosis. All physicians who have had a large experience in the management of pulmonary invalids are forced to the conclusion that there is not so comprehensive a knowledge of the disease abroad as there should be. This book is not designed for the benefit of skilled specialists in the treatment of pulmonary affections, but is for the use of general practitioners whose opportunities for clinical study may have been somewhat limited. In the interest of clearness and force, brief illustrative cases are introduced in the text. In the last chapter of the book the author reports his clinical observations concerning the practical application of vaccine therapy to cases of pulmonary tuberculosis. This book certainly possesses a very large amount of valuable matter which the student cannot afford to ignore.

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Extracts

The Value of Quiet.

To do a good bit of work whether it be nailing down a plank in a sidewalk, driving tacks in a carpet, or writing a sermon, demands concentration.

The failure to concentrate, brings immediate punishment in the first two instances, especially if the inattentive mind allows the hammer to come down upon the fingers instead of upon the nail or tack.

With the sermon it is different. The address becomes a soporific and does not hold the attention of the congregation. Without concentration all three efforts are equal fizzles.

All absence of concentrated effort shows itself in scattered results. Concentrated effort continued long enough makes a success out of anything that it undertakes.

Unfortunately all persons have not the same ability to concentrate their attention on one point. Externals are more of an interruption to some than to others. It is generally allowed that our deepest thinkers and writers thought and wrote in quiet.

Few good sermons could be produced in the average business office with its multitudinous noises and frequent interruptions. The click, click, of the typewriter keys, the bang of the elevator door, the dictation of those in the adjoining offices are hardly conducive to literary style. Such accompaniments put too much staccato into thought and allow no depth or value.

Noise weakens man's grip on his will power, it interrupts his work, lessens his pleasure, frets his nerves and disturbs his rest. It is as much the cause of worry and of fretful dispositions as all the real work done in the cities. Yet noise is necessary to most occupations, it is the inheritance of the worker, and too much noise is the fate of the crowded places. It is one of those inheritances that have become a burden.

We of the larger towns have now no quiet places. We have added noise to noise and then finished the whole with more noise. And yet we wonder why so many people break down from no special immediate cause; it is attributed to the "hurried" life we lead. If the hurried life means also the noisy life, then there is explanation.

In some of the hilly districts of Spain, primitive wooden-wheeled carts are still in use. As can be imagined, these wooden wheels make indescribable noises; the waiting wife learns of her husband's home-coming by the squeal of his vehicle as it lumbers along torturing the silent places with its shrieks. We read of these carts and think the people crazy to tolerate them, while at the same time we permit noises equally offensive right in our midst. Noises are allowed by cities for which there should be punishments in place of permits.

There is an epidemic of fresh air clubs, back-to-nature clubs, more-daylight clubs, etc. But who will venture to start a less-noise club?

None of us like noise; why must we endure so much of it?—The New Idea.

Filth Along the Railroads.

Bearing upon the possibility of infection, the following is taken from the Michigan Public Health (Sept., 1906):

"We are told that in the year 1905 there were used in these United States 700 million railway tickets,

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and that these tickets called for two billion miles of travel. As there are approximately 200,000 miles of railway in this country, this would average about 30 miles per ticket, or 90,000 persons per year over each mile of railway in use.

A contemplation of these figures, together with the sanitary conditions which prevail on our passenger coaches, will reveal a danger to public health which should attract the attention of our legislators and cause laws to be enacted which will, measurably at least, correct the conditions and make travel as well as a residence along these public highways less dangerous.

If each passenger will excrete on an average from the intestines one-half pound a day, and of urine 50 oz., we will have deposited on the narrow strip in one year 45,000 pounds, or 22½ tons of human excrement and 4,500,000 ounces of urine, or 35,156 gallons, for there is at present no contrivance to carry this to where it may be incinerated or disinfected. It is dumped onto the ground—this narrow strip of 5 feet 7 inches, there allowed to dry and thrown into the air by the rapid motion of the car, to be breathed by the passengers or those residing near the railroad. An this, besides the sputum which is so freely deposited along our highways directly from the person along this narrow strip, or from the contents of the cuspidor which the employe of the road dumps through the toilet. We realize that many diseases may be communicated to individuals who inhale this excreta. * * * While we are making our demands for clean cars and better ventilation, let the medical profession and sanitarians agitate the question of disposing in some proper manner of this excreta, for it is much more dangerous and abhorrent than is the poorly ventilated or illy-dusted car. We believe that the average road will be willing to abate so great a nuisance if some favorable plan can be suggested. Cylinders might be constructed of paper or wood pulp to hold, say, 40 gallons, and one carried at each end of the car where the toilet is located. These could be detached at the end of the daily trips and the whole, cylinder and contents, incinerated in a plant for the purpose and conveniently placed. A trap could be constructed which would allow of the reception into the cylinder of whatever was thrown into it, and automatically closed, thus also preventing the very objectionable odor which always prevails in these toilets. Receptacles for sputum should be conveniently placed in all cars and the passengers educated to use them instead of the floor or spitting through the car window.

The following from the Bulletin of the Health Department, Chicago, November 17, 1906, also has a bearing upon railway sanitation:

"Bacteriological examinations of the air of the street cars made by the laboratory disclosed the fact that in 146 examinations the number of bacteria in cars, with all the seats occupied, averaged four times more than the number in the outside air. In the cars that were crowded by strap hangers during the rush hours in the morning and evening, the number of bacteria showed an increase equal to 26 times tha of the same car when only the seats were occupied by passengers.

"In an examination of sputa collected from the floors and platforms of the cars, tubercle bacilli were found 4 times, influenza bacilli 12 times, and pneumococci 9 times out of 17 examinations—some of these specimens containing both of the latter organ-

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isms. No effort by conductors to prevent spitting in the cars was observed during these examinations."

Observations on Exercise and Health.

An eastern potentate of great age and vigorous health, who sat watching some Englishmen playing polo, asked if the young men were really so poor that they could not hire people to do that for them. A modern philosopher has observed that, work is work if you are paid to do it; it is pleasure if you pay to be allowed to do it.

There is much confusion between strength which can be measured by foot-pounds, and strength which means vitality and can be measured in resisting disease. The athletic exhibit in the physical culture advertisement, whose back looks like a corduroy road, and who can bite nails in two, and the plain citizen who prefers arguing with a burglar to tossing him through the window and who is never sick till he turns eighty, are two very different exhibits of strength. Good health should be the criterion. That is what we are seeking.

All men are constituted differently so far as exercise is concerned. For health's sake a man should take as much exercise as he needs. Most of us need exercise. It is an hereditary necessity. Our organism is constituted for exercise, and we must have it or suffer a certain degree of unbalancing of our system. This is necessary for the reason that our ancestors for hundreds of thousands of years took exercise. Their vocations were acts of toil and manual labor. Hunting food, fighting off enemies, tilling land, and building houses are the functions for the performance of which we have inherited organs. Our good health demands that we shall to a certain degree live up to our intentions. It is only since the conditions which make for inequality in social standing have appeared that a part of the community labors and another part is exempted from labor. Much of our so called education is patronized with the view of securing exemption from labor. If a man is uneducated, he must labor; if he is educated, he may earn his livelihood by manipulating the products of the labor of others. These things will be adjudicated by and by.

The older civilizations in fertile countries, where food has been abundant, and where prosperity has followed trade, have gradually eliminated in many instances the necessity for exercise of the bone-moving muscles. We are yet too near the soil to do this. Most of us need not go back more than a generation or two to find our ancestors delving with bone and sinew. What is true of the individual is true of the race. It is not good for the health of the brawny blacksmith to quit his anvil and turn bookkeeper. Nor can the children of the toiling lineage live in muscular idleness. Each requires exercise in some sort akin to his hereditary wont. His best physical health demands it.

But lack of exercise is not the only change made by the man who becomes sufficiently cultured to escape physical labor. He also exchanges the free and open air of his ancestors for the confinement of the office, and he adds the stress and strain of mental competition which his ancestors knew not as a necessity for livelihood but only incidentally as a pastime. Thus the man who labors not with his hands, if he would follow the tendencies of his race or family, which must have been salutary, because they have produced him, needs exer-

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cise, free and open air, and relief from the stress of mental competition. These three things his system needs and will be benefited by; and he is not wise unless he gives himself the advantage of them regularly and systematically. Unless he does, his family line must pay the penalty, and end with him or with his emasculated offspring.

The city is a trap in which is caught the great eagle who has soared the air and dwelt amid the mountain cliffs for countless generations. The free expanse of earth and sky have been his and his fathers. Now he is caged—a mighty specimen. Call him "magnate" or "Napoleon" or "prince" or "clerk" or what you will, he has in his blood the impetus of a thousand generations and the memories of the free air and sky to give him strength, but keep him caged in the city and his breedings will be but barn-yard fowl, which will perish and melt away.

The Anglo-Saxon business man or professional man needs not only some exercise, but he needs it in the open air. I am not sure but that the latter is even more important than the former. It is quite true that much of the benefit attributed to exercise belongs to fresh air and forgetfulness of mental competition or business cares. A day's target shooting, lying on the ground at Creedmoor, gives results apparently as good as a day at golf. And of all the miserable makeshifts of exercise is bowling, practiced as it usually is in an illy-ventilated basement, in artificial light and dust and dirt. Your average habitual bowler is a pretty pasty proposition. Better exercise would be found in the same length of time spent lying on one's back under a tree on the hillside studying the flight of the birds.

This whole matter of exercise and recreation requires orientation. It needs to receive scientific study and to be presented to the people as a part of their education. Witness the unwholesome struggles for recreation and exercise indulged in by the hordes flocking to the summer amusement places. How utterly deficient in education upon this important subject is this sweating, peanut-eating, gewgaw-bespangled, beer-consuming throng. The poor man, like the rich man, prizes his recreation according to the cost. The sport which costs money is the thing.

I should like to see the rich man's recreations turned to even greater usefulness. There are useful recreations which give as good exercise as the non-productive exercises. A man who plays eighteen holes of golf—even though he indulge in no stronger expletives than "Tush, tush!"—has enough energy, if turned into useful channels, to cultivate, say, an acre of potatoes or to split enough wood to keep a single family warm through the winter. These are practical and useful employments. To say that a man has taken enough exercise if converted into foot-pounds to raise himself perpendicularly five thousand feet is very scientific, but a man does not want to be raised perpendicularly five thousand feet. He is better off where he is. But we do need potatoes and fire-wood for the winter. Trimming shrubbery, laying walls, mowing grass, digging ditches, making roads, cutting weeds, planting trees, are as good exercise as golf; and all are useful. The best kind of labor is useful labor, and so is the best kind of play; and the former becomes the latter if entered into in the right spirit. Let us have more useful play.—New York State Journal of Medicine.

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Personal

Oregon.

Dr. J. Prinzing, of Ontario, has opened a hospital.

Dr. B. F. Scaiefe, of Eugene, took a short vacation last month.

Dr. H. A. Beauchamp, of Stayton, attended the State fair at Salem.

Dr. and Mrs. J. M. Kitchen, of Stayton, visited in Salem last month.

Dr. J. S. Shearer, of Medford, has purchased a drug store in his town.

Dr. E. Mingus, of Marshfield, visited his mother at Ashland last month.

Dr. M. Irvine has moved to Echo and associated himself with Dr. Ackley.

Dr. and Mrs. W. S. Hamilton, of Roseburg, were Portland visitors last month.

Dr. J. O. Van Winkle, of Cottage Grove, has moved into his fine new offices.

Dr. Hicks C. Fenton, of Portland, spent ten days at Seaside during the summer.

Dr. L. W. Brown, of Eugene, made a professional call at Cottage Grove last month.

Dr. and Mrs. A. Tilzer, of Portland, visited the mayor and mayoress of Astoria last month.

Dr. James T. McCormac, of Marshfield, has moved his office into more commodious quarters.

Dr. and Mrs. A. L. Richardson, of La Grande, spent two or three weeks in Portland last month.

Dr. R. L. Wood, of Amity, was married last month to Miss Carrie Robinson, of the same place.

Dr. Stark, of Albany, is figuring on putting up a store building on a lot which he owns, next year.

Dr. J. W. Harris, of Eugene, spent a few days last month at London Springs, visiting his brother.

Dr. Geo. R. Farra and family, of Corvallis, recently visited a cousin at Central Point, near Medford.

Dr. Lulu M. Marquam, of Eugene, went to Salem last month to place her daughter in a Catholic convent.

Drs. Summer and Mount, of Oregon City, have completed rearranging their offices in the Weinhard building.

Dr. E. Mingus, of Marshfield, is interesting himself as chairman of the Coos Bay movement to get a railroad for his town.

Dr. S. M. Wendt, of Seattle, has located at Forest Grove. Dr. Wendt recently took a post-graduate course in Eastern States.

Dr. Barr has taken charge of the practice of Dr. Jayne, at Springfield, Dr. Jayne having moved to his Hood River fruit farm.

Dr. O. M. Dodson, of Baker City, expressed pleasure at the appearance of the Pendleton streets, as he passed through there a few days ago.

Dr. Thos. R. Monk, of Summerville, has removed to Tillamook. The Doctor spent twelve years at Summerville, and left with much regret.

Dr. I. M. Smith and family, of Tillamook, have taken a vacation for six weeks, the first vacation the Doctor has taken for a number of years.

Drs. Sether and Stewart have moved from Glendale to Roseburg, and their practice is taken over by Dr. Kaufman, late of Cleveland, Ohio.

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Dr. DeWitte A. Paine, of Eugene, is spending some time in New York and Boston, doing post-graduate work. He will return about the first of December.

Dr. C. W. Thomas, of Milton, has an 80-acre tract of irrigated land, which he proposes to divide into five-acre tracts. He says there is room for sixteen families on his land. His land is right in the fruit belt, and he figures it is worth $300 per acre.

Dr. H. M. Greene was one of the Portland physicians who attended the Washington State medical meeting, and who had professional work while there at his former home, Lacrosse, Washington. He is already doing well here, and is building a fine home at Walnut Park.

Dr. M. C. Findley, of La Grande, has returned home, after an absence of nearly six months. The Doctor visited nearly all the important cities of Europe, and was especially pleased with the work he did in Vienna. In addition to his post-graduate work, he took in the sights at Rome and Naples, and the delightful scenery around the Neapolitan bay. He boasts of the fact that, while rough weather prevailed on the ocean, he only missed one meal.

Washington.

Dr. Frederick Adams, formerly of Michigan, has located in Lind.

Dr. T. D. Ferguson, of Colfax, has been seriously ill for some time.

Dr. H. S. Martin, of Spokane, has just bought a new $12,000 residence.

Dr. E. L. Bickford, of Seattle, is taking a course in surgery in Vienna.

Dr. J. W. Henderson, of Lind, had some fun last month duck shooting.

Dr. A. F. Brockman and son, of Bickleton, visited in Portland last month.

Dr. F. S. Lewis, of Port Angeles, has gone to Michigan to visit his mother.

Dr. H. J. Whitney, of Davenport, was called to Creston last month in consultation.

Dr. Wm. M. Beach, of Shelton, is doing some electioneering for the Republican ticket.

Dr. W. A. Mosier, of Tekoa, had a delightful trip into Idaho last month with Mrs. Mosier.

Dr. Jas. A. MacLachlan, of Dayton, had a ten days' visit at Seattle and other Puget Sound ports last week.

Dr. Thomas Tetreau, of North Yakima, has just returned from an Eastern visit. While away, he studied modern methods of disposing of sewerage.

Dr. Harry S. Martin, of Spokane, gave a dinner party last month, in honor of Dr. Alexander Lambert, of New York. Dr. Lambert came West to indulge in a hunting trip in the mountains.

Idaho.

Dr. J. P. Clark, of St. Anthony, visited in Boise last month.

Dr. Chas. Busey, of Clearwater, made a professional call at Stites last month.

Dr. Chas. E. Schmitz has returned to Cambridge, after a few months' absence.

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MEDICAL SENTINEL

NOVEMBER
1908

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Notes

At the meeting of the State Board of Medical Examiners in Idaho, October 8th, there were 45 applicants examined, of whom 28 passed. The next examination will be held in April.

Money has been raised for the construction of a cottage on the grounds of the Open Air Sanitarium at Milwaukie, near Portland, for the special use of nurses who have become tubercular through their faithful labors at the bedsides of their patients. The state association of nurses will become trustees for the management of the affairs of the cottage.

The authorities in the state of Washington are considering the advisability of erecting buildings for the care of the criminal insane who are kept in the penitentiary. It has proposed to locate the same on the detached farm of the Eastern Washington Hospital for the Insane, under the direct supervision of the superintendent of that hospital.

One of the firms of advertising doctors who is doing business in Seattle and Portland had its office raided at Seattle some time ago. The doctor in charge who was found by a deputy sheriff declined to give his proper name, and insisted that he be called John Doe. When taken to the police station, an associate gave a cash bond of $500 for his appearance.

There has been a small epidemic of typhoid fever in Oregon City, and it seems to have been traced to an old spring back of the Weinhard Building which has been in use more or less for 25 years. The local authorities have taken steps to prevent the water from this polluted spring from being used for domestic purposes any more.

Dr. Spiro Sargentich, the City Health Commissioner of Tacoma, resigned recently, and Dr. James R. Yocum has been appointed to the place. Dr. Sargentich was annoyed by what he considered the parsimonious conduct of the city council, and he does not think he will return to Tacoma.

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He is now on his way to Europe to visit the town in Austria where he was born.

The health office officials in Spokane insist that their city is not spending enough money in their department. They point to the work Seattle is doing to prevent disease—the bulletins of health they issue monthly, a ten thousand issue—and distribute to the working people, giving hints as to how to maintain health. Spokane is urged, in a newspaper interview, by the health officer, to be more liberal with his department.

The Finance Committee of the Seattle City Council, when first considering the proposition to provide for an emergency hospital, decided that it was not so necessary as to warrant them in appropriating the money required, but after further consideration, and on having the necessities of the case properly placed before them by the physicians of the city who had been interesting themselves in it, they have decided to recommend the appropriation of $18,000 for this purpose.

Every patriotic newspaper published in a healthful region is expected to write an article occasionally pointing out to prospective settlers the wonderful healthfulness of the region, and proving this by calling attention to the very small number of physicians that can make a living in a locality. We are pleased to see that the Bellingham (Wash.) newspapers are now engaged in this lauadable undertaking, and they emphasize their position by asserting that there are only fifty-two physicians in that locality to care for the ills of about 80,000 people. It is claimed that in the eastern state, there is one physician for every 500 inhabitants, which would give the Bellingham region 160 physicians instead of only 52. If that article has a wide circulation in the eastern states, there will probably be quite an influx of doctors into the Bellingham region.

The Late President of the Idaho State Medical Association remarked that he had never been a subscriber to Northwest Medicine and had not taken the Medical Sentinel for some years, although he was always interested in any sample copy of the magazine which came to him, having stopped his dollar a year to invest the same in medical books. He did not state what books he annually buys with the $1. He had copies of the Medical Sentinel illustrating his own paper therefrom from articles there published, scattered back for nearly ten years, a handful of old numbers, either sample copies or of those he had paid for before he went to buying books.

He favored a state journal for Idaho which should be practically devoid of advertisements, but should be sent free to every member of the Idaho society. He failed to amplify the subject sufficiently to show how, where or by whom the money should be raised to pay the printer, paper man, and others.

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Editorial Notes

A Nigger in the Woodpile.—Any measure, national or state, which will prevent the sale of dangerous drugs by irresponsible vendors should be welcomed. But most decidedly the bill of Congressman Mann of Illinois, which will appear again in congress next month, is unfortunately worded. It would seem to be purposely drawn so that manufacturers "of alpha- or beta-eucaine, chloral hydrate, cocaine, hyoscine, morphine, opium, scopolamine or any derivative or preparation of any of the foregoing substances," cannot sell these articles to physicians, direct. The bill names to whom they can be sold, but physicians are omitted from the list. Criticisms of this part of the bill have been made, but its advocates brush such criticism aside in a cavalier sort of fashion, and broadly and generally state that "its provisions do not apply to the doctor" —intimating that he can still purchase them. Some doctors do not dispense their medicines, but where for excellent reasons they desire to do this, no obstacles should be placed in their way. The medical fraternity see no reason why the organ of the American Medical Association should advocate so strongly a measure that is loosely drawn, or that appears to the man on the street as being especially drawn in some special interest, or to oppose some special interest. There is a lack of candor and ingenuousness in the attitude of the A. M. A. Journal towards this matter, which is much more harmful to the clique that is running the journal than to the practitioner who is out in the world. Several county societies have passed resolutions denouncing the Mann bill, because of the feature apparent to them, of a prohibition of the physician dispensing, when he desires to do so. The A. M. A. Journal refuses to print these resolutions. It certainly looks as though there was a nigger in the woodpile. As a matter of self-preservation, physicians ought to write to their congressmen, urging them to oppose the Mann bill, until it is materially and clearly amended.

Silence Broken.—It is a poor mother that will not protect her children; it is a poor alma mater that will not say a word for its graduates. It is gratifying that the Medical Department of Willamette University has produced a champion, and the Medical Sentinel regrets that even more voices have not been raised in defence of the Oregon schools. The silence had become suspicious, and outsiders were asking if the schools were worth preserving, and if so, why somebody with authority did not say so. A representative of the school at Portland, as the readers of this journal are aware, was so much angered at the defence which the Medical Sentinel had put up for his institution, that he stopped his subscription, and unfortunately he, for one, will not see this article published in another column by Dr. W. Carlton Smith, who expresses, without fear of punishment, that the State Board of Medical Examiners is not doing the fair thing. The many able practitioners who have graduated from the Oregon schools are not willing to admit that there has been, since their graduation, such a tremendous deterioration as results of examinations would indicate, and they have been waiting with bated breath for some defence of their schools. They will read Dr. Smith's article with great interest, and we are watching the postman's arrival three times a day, hoping and expecting that he will bring

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us a defence of the Portland institution from someone as willing and as capable as Dr. Smith is, in speaking for that at Salem.

Trying to Get Advertising.—Advertising for a medical journal is essential to pay current expenses, unless there is a subsidy behind the business management. But there is something rather disgraceful in the method some of the "better-than-thou" medical journals are striving to fill their advertising columns. They appeal to their readers to boycott the advertisers whose notices do not appear in their particular columns. One of these journals, before us, makes the untruthful statement that "practically every necessity required by the medical man for use in his profession is advertised in" its columns. "Reciprocity is necessary," says this journal, if bills are to be paid. It is getting so that these state journals which are the most violent in denouncing those who do not do as they tell you, are obliged to prostitute their columns with threatened boycott in order to get the wherewithal to do business with.

Drs. Stewart and Smith, of Boise, whose paper on Rocky Mountain Tick Fever, fully illustrated, will appear next month, have recently entered into partnership at Boise. Dr. Wm. Smith has been prominent in Idaho medicine for fifteen years, having formerly been located at Mountain Home. He will soon leave for the East to make a special study of stomach diseases.

Dr. J. L. Stewart is doing a good deal of surgery in a growing practice, is a Rush man and one of the newer Idaho doctors. He was chosen President of the state society for next year.

The Truth.—It is the duty of a medical journal to tell the truth. It don't need to tell all the truth about all the doctors, but what it does say should be strictly the honest truth.

If possible it should avoid discussing unpleasant things, if at all personal, but if it is called upon to say things it should call a spade a spade. The Medical Sentinel has been, perhaps, too ready to overlook shortcomings in the past.

Dr. Ed. E. Maxey for Secretary.—We nominate Dr. Ed. E. Maxey, of Boise, for Secretary of the joint meeting of the medical societies of Washington, Oregon, Idaho and British Columbia, to be held next year at Seattle. Things will be doing.

Dr. Maxey graduated in 1891 and practiced in Caldwell eleven years, removing to Boise in 1902, where he is associated with Dr. McCalla, the well known surgeon. He has been ten years Secretary and served as President for one year of the State Medical Association.

The Election Over.—The agony is over, the country breathes easier, and a very large proportion of the people believe that the advance agent of prosperity has arrived. Election did not go to suit everybody—that is a fact clearly shown by the vote as counted on election day. But a great many people are pleased, and the nerve strain is over.

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THE MEDICAL SENTINEL

HENRY WALDO COE, M. D. Editor
PORTLAND, OREGON

With the Collaboration of the Officers of The State and District Medical Societies of Oregon, Washington, Idaho, Montana and Utah

Address all communications regarding papers, subscriptions, advertising or business matters to the MEDICAL SENTINEL, Marquam Building, Portland, Oregon

IDAHO MEDICAL SOCIETY

With Ed. E. Maxey as Secretary, you can't go far away from success in any undertaking, and the late meeting of the State Society of Idaho was therefore more of a success than it otherwise would have been. The President was a highly cultured gentlemen, but failed to put the snap and ginger into the session, such as would hold the doctors at the meetings. A secretary must be backed by a president who knows men as well as medicine, and the practical side of handling men or the meetings will lag, those in attendance grow weary over long drawn out methods of treatment of the session by the presiding officer and members will drop out of the session.

The program arranged by the Secretary was extremely good, the papers pertinent, scientific and interesting, but there was something about the way same was handled that gave one the horrors, and was generally apologized for by members attending. The closing session showed but ten persons present toward the end, and of these were the readers of two of the papers, the President and Acting Secretary and three visitors from Portland.

We speak of this freely because it has never happened before at any meeting of this society in the entire sixteen years of its existence, at most of the meetings of which the Medical Sentinel has been represented by its editor.

ROCKY MOUNTAIN SPOTTED FEVER

The symposium on Rocky Mountain Spotted (Tick) Fever was the greatest and most scientific discussion upon this important subject ever held.

Drs. Stewart and Smith, of Boise, discussed the clinical phases based on very interesting and wide experience. Dr. Ed. Maxey's paper covered extracts from a hundred pages of reports, accompanying his paper, which with maps and charts made it the most valuable contribution to the study of casual factors, mortality and geographical distribution in Idaho, yet reported.

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Dr. H. T. Ricketts, of Chicago, presented scientific comparisons showing the difference in the ticks and disease in Idaho and Montana. while Dr. T. D. Tuttle, Secretary of the Montana State Board of Health, discussed practically the question of control.

The next issue of the Medical Sentinel will be made a special number, largely devoted to this subject. If the Idaho State Society should do nothing valuable for five years except what it did at the late meeting on Rocky Mountain Spotted (Tick) Fever, it would be a society well worth keeping alive. We predict, however, even greater things for the Idaho State Medical Association.

ARBITRARY EXAMINING BOARDS

While the demand on the part of the medical profession, and the public, has been of late that state examining boards shall be more strict than heretofore in the examination of those who wish to practice medicine, this demand would seem to have opened the door for some boards to be more exacting than is desirable. The California board is charged with being altogether too technical. One physician, who passed the board, and therefore has nothing to fear from its wrath for the future, writes to the Southern California Practitioner that his first application was not honored because he did not use the official application blank. Nothing in the circular of requirements was said about its being mandatory to use a certain blank. Then, too, the rules which required a large amount of work to be done in a given number of hours, called for excessively hard work, which caused the critic of the rules to suggest that the members of the board should have a "more practical knowledge of hygiene than such an arrangement shows." He asks: "Do they deliberately arrange such a mental strain to throw down any man that happens not to have great nervous endurance or to be temporarily below par in any way?"

A correspondent who is acquainted with Washington and Oregon methods calls our attention to the report of the Washington Examining Board which shows the percentage of failures of graduates of all medical schools who have appeared before the board since its inception in 1890. The percentage of failures of graduates from the University of Oregon Medical Department compares most favorably with that of some of the best schools in the country. This correspondent says: "There has never been, so far as I know, a graduate of the Oregon school on the Washington board, so that there is no reason to suppose the Oregon men have been treated differently from the rest. There is food for thought in this report. The percentage of failures of the Oregon graduates before the Oregon board is many times greater than before the Washington board. What is the deduction? Some member or members of the Oregon board are being grossly unfair to the Oregon graduate, and no matter what the motive, there is great harm being done and it should be stopped."

Another correspondent, writing on this subject, asks: "Will the Medical Sentinel explain, if it can, a situation that to me is unexplain-

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able? The Sentinel seeks to get a fair deal for the graduates of the Oregon school. Yet at least one of the authorities of that school charges the Sentinel wtih assuming 'an attitude of hostility' to it. I question if a school which is certainly in an anomalous position, with such a board as we now have, is worth saving, if its management will not do something to help it. I would suppose that it would in some way secure for its champion in the medical press, for publication, the questions and answers of some of the turned down graduates of its institution. An outsider cannot understand why it does not do this. Surely this is a matter of paramount interest to the school—more interest than anything else before it."

We must be asked easy and not unexplainable questions, if they are to be answered. We believe that somehow, sometime, good will result from the position the Medical Sentinel has taken. It may be that the school will improve, and that the board will be less arbitrary. But whether or not the Sentinel will get any credit from the school, is open to question. But we are at least receiving the cordial approval of the alumni and the students.

THE EMMANUEL MOVEMENT

The ministers of Portland have recently been discussing the Emmanuel movement, this discussion having been started by one of their number who announced from his pulpit that in his judgment a minister, schooled in the laws of normal psychology, may by mental suggestion cure many human ills, and sometimes prevent death. Some of the ministers announce that they have studied the subject considerably, and believe in it. The Christian Scientists declare that their doctrines are in nowise kin to the Emmanuel movement. Some local ministers who have been approached on the subject say they have not studied it, and therefore are not in a position to express any opinion thereon.

It is natural that the average minister of the gospel should take kindly to the proposition of rendering assistance, if within his power, to those who are physically ailing. The preacher has been trained to help those who need it. He possesses a helpful nature or he would not be a preacher. There are here and there exceptions, but the rule is as stated. If the preacher sees his field widening, and that there is an opportunity for him to extend his sphere of usefulness, he welcomes it. The suggestion that he has a strong will, and a capacity to engage in psycho-therapeutics, is gratifying to his pride. He may not have a very accurate idea as to whether or not this subject is related to the exercise of hypnotic influence, but he believes that if there is such a thing as a strong will influencing a weaker—if many people are sick and miserable because they believe their experiences have been such as to cause that condition—then he can exercise such influence.

The physicians of the country are striving towards one purpose—the improvement of the health of the nation. They welcome any

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influence that will tend in this direction. They are constantly urging on municipal and state governments the desirability of such legislation as will promote health. They believe in giving the public such general hygienic facts as will promote their health. Regardless of their own pecuniary welfare, the physicians at large are striving to combat all forms of disease. But there is one feature that must not be overlooked. The Emmanuel movement is one that will find persons of weak temperaments an easy prey. One shudders when one thinks of the evils that would be wrought on impressionable natures if the Emmanuel movement were taken hold of by such individuals as the coarse colored individual who led the Fiery Tongue camp-meetings in Portland last summer, and who, without professing to have mastered the Emmanuel movement, wrought on the nerves to their serious impairment, of scores of women who visited his tent. Almost anything can be done today, as it has been done in the past, in the name of religion; and while the Portland pastors who have discussed this movement can all be depended upon to be perfectly honest with themselves and the public in any steps they take towards attempting to heal the physical ailments of the members of their flocks, we dread the opening of the door to the charlatans who will be tempted to enter. These charlatans will point to the work that is being attempted by reputable ministers of the gospel, and will claim that they are merely following in the footsteps of these ministers.

WORSE THAN AN INFIDEL

Some of the professors in the Medical Department of the State University of Oregon, not many we hope, seem to think the wholesale plucking of their students by the Oregon State Board of Examiners is an excellent bit of humor, but of which no outsider has a right to say a word. At the late examinations only three passed. A '07 student marked 84.7, and only two of the whole class of '08, who were marked respectively 77.3 and 78.6. It requires 75 to pass.

The Medical Sentinel offered and offers to co-operate with anyone to try to secure justice for the students and graduates of the school who are actually outraged by some interest—one of two—either board or school. We are trying to bring the school out of its present condition, so humiliating to the alumni and the whole University.

It is not a huge joke on these graduates, gentlemen of the school. It is your duty to protect your own if you are right.

We wonder if Dr. Josephi or Dr. Jones have, in their religious duties, recently read I Timothy, 5-8?

If not, and because the Bible of some other of our readers might not be lying upon your office desk, let us repeat what is there said by the Apostle Paul—

> "And if any provide not for his own,
> And specially not for those of his own house,
> He hath denied the faith
> And is worse than an Infidel."

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MEDICAL COLLEGES AND EXAMINING BOARDS

By W. CARLTON SMITH, A. B., M. D.
Professor of Anatomy, Medical Department Willamette University

Read before the Marion County Medical Society, October 22, 1908

Considerable has been said and written of late concerning the Medical Colleges of Oregon and their relative standing with similar institutions throughout the country. A great deal of adverse criticism has been offered by some of the members of the State Board of Medical Examiners and other physicians throughout the state on the grounds of insufficient training offered by these schools. As a result of these criticisms, and the great number of failures of the young graduates before the Oregon Board, the reputation of both schools has been seriously impaired, and the confidence of a great many heretofore loyal supporters has been shaken.

It is not the purpose of this article to laud the merits of our medical colleges, nor to question the motives of the several members of the board, whom we consider honest and efficient, but unnecessarily severe in grading those who come before them for examination. Attacks have been made before the various medical societies of the state, published in medical journals, and even found their way into the lay press, which we believe unwarrantable from some facts that can be adduced.

It is true we are not blessed with a Yale or a Harvard in our midst; but we do believe our institutions of learning rank as well relatively as do any of our business enterprises, to corresponding institutions of the old and thickly populated communities of the eastern states.

It is also true we are under the ban of the Association of American Medical Colleges, through the report of Dr. Bevan, of Chicago, who actually visited the Medical Department of Willamette University, arriving here one morning at 5:30 o'clock and leaving on the next train at 8:30 A. M. It is not to be presumed the doctor would base a report upon the evidence of those outside the faculty, or those not having an intimate acquaintance with the college, but upon thorough investigation made during his visit of less than three hours, while the medical college was not in session; so the only valid criterion of our inefficiency has been furnished by the State Board of Medical Examiners, and possibly they may have some prejudice against Oregon schools.

So far as the graduates of the Medical Department of Willamette University are concerned, their results have been so varied before different state boards, and even the different members of the same

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board, that a neutral party might even question the ability or fairness of some of the boards to pass on the examinations.

I have in my possession the standings of seven graduates of Willamette for the examinations of May, 1907, and January, 1908, as given out by the Secretary of the Board, Dr. Byron E. Miller. Four of these took the examinations on both occasions, so there were represented in all eleven examinations, all of whom failed. There were five examiners and fifteen branches examined in, so each examiner probably took three branches. The results were that all failed to get the 75 per cent necessary to pass them. In looking the papers over closely the applicants all fell especially low in three branches but had fairly good standings in the other twelve, so from the deductive process so successfully employed by Sherlock Holmes to detect the guilty, the thought at once occurred that since there are fifteen branches examined in and there are five examiners, each having three branches, may be the applicant was getting all his low marks from one source. Investigation showed this to be true, so we took the eleven examinations, in which all had failed, and made an average of the several standings based on the markings of four examiners and found all had passed but one; ergo, it would seem on the face of the facts these students did not fail before the five members of the State Board but before one member, which goes to show there must be an error somewhere, either four members marked correctly and one incorrectly, or vice versa.

But let us not be hasty in arriving at conclusions until we have further facts. It is possible that the student happened to be especially weak in the three branches assigned this examiner, and it was his unpleasant duty to mark them low as he did.

At the two examinations there was a different division of the subjects. At the May, 1907, meeting of the board, the examination in nervous diseases was conducted by the examiner who had done the marking that had failed eleven, when according to the markings of the other members of the board only one had failed. The average of the papers for four of the applicants on nervous diseases at this examination was 52 per cent; at the January, 1908, examination these same four took the examination on nervous diseases from another member of the board with the result that the average for the four was 86½ per cent. At the May, 1907, examination the same four made a general average of 79 per cent in pathology, but at the July, 1908, examination this branch was given to the examiner who had been marking low all along, with the result that the four received a general average of 41¼ per cent. This seems to be such a flagrant case of doctors disagreeing that the 1908 graduates of the Medical Department of Willamette University did not appear at the last examination conducted by the State Board, feeling in advance the standings they would get from at least one member of the board would fail them, unless they received remarkably high grades from the other four.

Of course it would be almost sacreligious to disparage the ability

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of such an august body as a State Board of Medical Examiners of this kind; but the fact remains, that these young men are honest and industrious and are willing to enter the practice of medicine in a legitimate manner, and are well qualified to do so; but they are denied this privilege by these austere censors, who know there is not a town of any size in the State of Oregon but what is infested with one or more advertising quacks, and this board is using no effort to stop the abuse.

Some of these young men, within the last three years, undaunted by the action of the Oregon board, and failing to recognize it as the great tribunal of last resort, appeared before the boards of other states, with the result that five passed the Washington board, one the Idaho board and two the Texas board, which, by the way, reciprocates with something like twenty of the great states of the Middle West, including among others, Iowa, Illinois and Indiana. An act regulating the practice of medicine and surgery was placed upon the statutes of this state several years ago in the face of strong opposition, and if it is to be used for the purpose of annihilating our schools, and banishing young men and women from our state, whom we can ill afford to lose, there may be grave fears for the perpetuity of such a law.

It has been said the standard of Oregon Medical Colleges is below that of her Eastern sisters. Along that line we will say, that during the last three years eight students have left the Medical Department of Willamette University for other schools, all members of the Association of American Medical Colleges in good standing, and not one has failed to enter the class above which he passed out of here, and three of these students, although they passed out of the Junior year in Willamette, their standings were so low, the faculty requested they take the year's work over, with the result that every one of them entered the Senior year in so-called high grade colleges and the credentials of Willamette were recognized despite the adverse criticism of the Oregon Board.

It has been suggested by some of our critics that our medical colleges combine or discontinue. Somewhere in the classic realms of medical literature it has been stated, "Organization is the order of the day." Through a process of logic, this hypothesis is not only applied to the unconscious world of commerce, but individuals can be organized to successfully repel the onslaughts of their competitors, and even Medical Journals and Colleges can be combined or eliminated to suit the exigencies of the occasion. The premise from which these deductions are made is seemingly correct, the reasoning faultless, and the conclusion apparently tenable, and really would be, were it not for the fact, the vis a tergo cannot be successfully applied to some things, notably, men and hogs, both of which resent being driven. But that peace may prevail, we will be willing to concede this much, we will organize or reorganize, combine, assimilate, and incidentally dominate any reputable medical college that will make overtures to us.

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In conclusion it might be well to add, that Willamette numbers among her alumni some of the most successful physicians of our state. In Portland we recall Saylor, the Rafferties, Holmes, Geisy, Rand, Hill, Lane, Gillespie, Amos, Sommer, Harry McKay, E. D. Johnson, and many others. In our own city may be mentioned Cusick, Byrd, J. N. Smith, Morse, Cartwright and Steiner, while in nearly every city, village and hamlet in the state of Oregon, there is some alumnus this venerable institution has sent forth on a mission that he is fulfilling in competition with the alumni of the best schools in the country. A venerable institution because it has existed for over forty years, still exists and will continue to exist when those who have cast slurs upon her are forgotten.

And now to our illustrous critics, whether you live in Chicago and wear the halo of the immortal A. M. A., or have cast you destinies "where rolls the Oregon"—*"Quosque tandem abutere patientia nostra?"* We address you in the language of the great Roman, well knowing your profound knowledge and appreciation of the classic, as evidenced by your continual cry for better preliminary training on the part of our young medical students, and a higher degree of proficiency for all students "made in Oregon."

Perforative Appendicitis in Pregnancy.

E. A. Babler, St. Louis (Journal A. M. A.), reports a case of perforative appendicitis complicating pregnancy. successfully operated on, and remarks that this is one of the most serious and fortunately also one of the most infrequent complications that may occur in this condition. He is inclined to think, however, that appendicitis occurs with greater frequency than the tabulated cases would indicate, and that as the accident of perforation fails to occur, they are not always recognized. He does not believe, however, that pregnancy predisposes to appendicitis, though it may precipitate an attack in certain chronic cases. Clinically, it does not differ from that occurring in the non-pregnant, and the diagnosis is not usually difficult. As Webster has said, we must bear in mind the possibility of ureteritis and pyelitis. The mortality is due largely to delay, and early efficient surgical treatment is imperative. If perforation has occurred, and if the abscess is localized, incision and free drainage are indicated. It is better to evacuate an appendiceal abscess before emptying the uterus, since it eliminates the possibility of flooding the free peritoneal cavity with pus. If general peritonitis is present, incision and drainage without disturbing gestation are indicated, provided the pregnancy has not gone beyond the fourth or fifth month. In cases near the end of pregnancy, forced labor is indicated.

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OPERATIVE AND POST-OPERATIVE TREATMENT.

By R. C. McDANIEL, M. D.
Baker City, Oregon

Read before the Eastern Oregon Medical Society, July 23, 1908

The subject I have chosen is one that confronts us daily, its importance is without question. Probably no part of surgical work offers a better opportunity for the display of individuality than the post-operative treatment of our cases.

The welfare of a patient after an operation depends not only on the skill and accuracy, which is a great point, but also on the means employed during the operation to conserve his strength, maintain normal resistance powers of his or her tissues, and render the first few hours after the operation peaceful and free from pain.

In preparing your case for an operation no doubt all of you have a different technique or plan which you have your patients follow, and administered by the nurse. That is, giving them some stimulant to prepare their system for the shock you expect from operation. Most of you, no doubt, use strychnine in some shape—as tincture of nux vomica, etc. We have used it, but not of late, as we have found out and know that it increases vomiting after operation. We have tested it in several cases (over one hundred), and have found out that those cases we gave digitalis did not have as much nausea and vomiting as those to whom we gave strychnine under similar conditions.

The choice of anaesthetic for each individual case is a thing of great importance from a post-operative standpoint, also the way which the assistant administers the anaesthetic.

Many of our complications, such as pneumonia, bronchitis, suppression of urine, etc., have their origin in the anaesthetic. It is a great wrong to confine ourselves to one anaesthetic. Many feeble cases who cannot stand ether or chloroform can be operated upon with impunity under the infiltration anaesthetic, or the morphia chloride of ethyl and ether, or the morphia scopolanein, chloride of ethyl and ether sequence. In many cases of emphyma chloride of ethyl will suffice for a rapidly performed thoracotomy. Same applies to drain a collection of pus, and to amputations where time is an element and chloroform or ether are contra-indicated.

It is will for us to familiarize ourselves with the different anaesthetics in order that we may be able to choose the best for the individual case. Not infrequently the temptation to resort to immediate operation in traumatic cases is great, while the best interests of the

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patient demand that this be postponed until they have fully reacted or have even had a night's rest and an empty stomach.

Take cases of laborers who come to our hospitals with injuries which demand operation under an anaesthetic—say amputation of arm, hand or leg. They are vigorous, muscular subjects, addicted to the use of alcohol, and have a full stomach as a rule. As a result they take large quantities of ether or chloroform, with a violent or prolonged stage of excitement, cyanotic from excessive mucus, and vomits quantities of partially digested food when the anaesthetic is withdrawn. They are ideal cases for development of inspirations pneumonia, nephritis, pulmonary and fat embolism.

I have seen cases die from their causes. Therefore, arrest the hemorrhage, disinfect the wound, put on a wet antiseptic dressing—no harm can result from this. On the other hand, a rest of from twelve to eighteen hours will put the patient in a much better condition, so that the post-operative period will be comfortable and peaceful; your results are much more satisfactory to your own conscience and your patient more pleased.

Not often, though, we have seen patients anaesthetized long before the operator and assistants are ready to begin work, again we see patients put on the table with unnecessary exposure of the body, scantily covered—that portion that is covered—the whole or a large portion of the trunk, if it is an operation on the upper abdomen, deluged with water, which quickly loses its temperature, chills the patient and lowers the bodily temperature. Not infrequently we see patients placed on the table with nothing between them and the glass or metal except a wet sheet, and more frequently an arm hanging over the edge of the table in such a way as to cause pressure upon the musculo-spiral nerve and produce a palsy.

Who has not seen a troublesome wrist drop which outlasts long the convalescing period from simple operation as amputation of fingers, etc., or pneumonia from exposure and cold and dampness on the operating table, or transit to their room or ward, without appreciating the importance of the thought of the post-operative period, during the operation.

The operator who works regardless of time, and the amount of anaesthetic the patient is consuming, or who pays no attention to the patient's posture on the table—the protection of the body not involved in the operation—or who uses quantities of water, or solutions regardless of whether it drains away or accumulates under his patient, and he who employs "speed without haste," is laying up for himself many post-operative complications which he can avert.

I do not advocate a want of thoroughness in operating in order to close a wound in a certain number of minutes nor shifting of the operator's mind from the field of operation to the patient's condition, but I do mean we should not drag an operation over an unnecessarily long time, but establish in our operating room a habit among our assistants and nurses of being careful for the welfare of the patient.

The post-operative treatment really begins while the patient is

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still on the table. "This is prophylaxis, the best of all treatment." The shorter the operation, the less anaesthetic, the less shock, the better prognosis.

Another factor in operative technique is the way we handle the tissues, which has a marked post-operative influence. Handle them with gentleness and consideration, as an oozing surface on the intestines or muscle surface. Do not grab it with a hemostate as though pinching a nail into, as I have seen done, as gentle pressure with heat will generally subside this bleeding.

In examining the visceral of the abdomen, remember they are delicate organs which we all know from our histological studies, and are subject to injury from rough treatment.

A potent element in producing pain, and predisposing to suppuration is the ligation of large masses of tissue and suturing of wounds. There is no doubt that a comparatively clean wound, such as a laceration of the scalp which would otherwise heal by first intention, can be made to suppurate by tight suturing. All that nature requires is gentle approximation of wound edges, and more than this is detrimental. The present custom of closing abdominal wounds, in layers and obliterating space, has done much to reduce suppuration and to increase the patient's comfort.

About the chief complaints after operation are pain, nausea, vomiting and flatulence. The pain, of course, varies greatly according to the extent of operation, and the individual's disposition. Probably abdominal operations produce more pain than others, but this may only be, because by the aggravation of the discomfort caused by the movement of the diapragm, especially such excessive action of the muscles as take place in retching and coughing. One of the surprising things about post-operative pain is that it is not more marked in certain plastic operations, such as hemia—repair of perineum, etc. In all of these it can be made very severe by too tight constriction of wound edges. Too much attention cannot be given by the surgeon to the prevention of pain at the critical period when quietude and sleep do so much to aid prompt reaction and convalescence. There was a time not long since when it was the rule of most surgeons to withhold pain-relieving drugs, such as morphia, after abdominal operations. To give a hypodermic of morphia in these cases was thought to be a great mistake, but now we have learned, which is a great benefit to the sufferer, that when employed in the post-operative treatment it is a great boon both to the patient and also to the surgeon. All the bad effects formerly attributed to this drug, such as production of flatulence, bad effect on the kidneys, etc., we seem to have forgotten, or, at least, we have learned now that it was our faulty technique, which produced such trouble, which was blamed to the morphia. It was usually infection and not morphia that caused the trouble. We are glad to say that we have never done an abdominal section that we have not administered a hypodermic of morphia and atropine before the patient has recovered consciousness, and we have never observed in any single case a bad effect, except in a very few

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cases that you will encounter who manifest an idiosyncrasy, and our results generally have not been so bad as to make us change this plan of preventing, to some extent at least, the post-operative discomfort of the patient.

When I was an assistant to Prof. Rodman, in Philadelphia, it was the custom of most operators, after laparotomy, to order morphia in small doses to be given if absolutely necessary. My experience was that it usually became necessary. Then the patients, having learned the relief to be obtained by its use, begged for a repetition of the dose. Our present custom is to give a single hypodermic of morphia (¼ gr., atropine 1-150 gr.), according to the age of the patient, before the anaesthetic at times or always before the patient gained consciousness. The result, that the patient passes from the sleep of the anaesthetic to a morphia quietude and receives comfort during the most distressing hours after operation—those first few, when ether or chloroform is being eliminated by the lungs in large quantities and nausea and vomiting are common, and he or she never knows they received morphine.

The idea that morphine in a reasonable dose causes vomiting after operation is absurd. Formerly we only used morphine in abdominal cases, but the vomiting was so much less than in other cases, when it was not employed, and the patient's comfort so much greater and his or her return to consciousness so much quieter, that we now give a hypodermic after or before any operation of magnitude or long duration, or when we expect much after-pain. It is seldom that we are obliged to give a second dose, and this we try particularly to avoid, for, I think, it is better not to let the patient learn the comfort of morphine. It is largely for this reason that we give a hypodermic before the close of operation, and this time is also chosen, because we want the drug to act before the patient gains consciousness and vomits. A large majority of patients, after this treatment, never vomit at all. All one has to do to become convinced of the advantages of this method of treatment of post-operative treatment of pain, is to employ it in a few cases and compare the results with those obtained where no morphia is used, or when it is given later and in small quantities. The repeated small doses of morphia does not appeal to me; because it is human nature to be relieved of pain, and they soon depend on the hypodermic to relieve them of their suffering.

Pain developing some hours after an operation is not to be treated by administration of anodyne, but its cause should be carefully sought for and removed. A capable and considerate nurse can do much to relieve pain. Oftentimes simple changing of posture, the cutting of tight bandages, the relieving of pressure on some bony prominence, straightening out the clothing, and such little attention will give relief. I have seen patients kept awake all night from pressure on the heel after fracture of a leg or by pressure on the internal condyle by an internal angular splint. Pain, under such circumstances is absolutely unnecessary and its possible cause should always be sought for. I have seen ulcers—but, thanks to our consideration of the pa-

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tient's comfort, we never had one result from pressure as described above—last as long, if not longer, than the knitting of fractured bone. Therefore, instead of putting down the patient's complaints of pain as nervousness or to want of pluck, we should make sure that there is not some actual cause for the complaint. Nausea and vomiting are not so troublesome after operation as they were once. This has largely been due to the improved methods of administering our anaesthetics, and can largely be obviated by making the quantity of anaesthetic employed as small as possible. The amount of anaesthetic administered has much to do with the continued vomiting after operation and it can easily be reduced by the judicious use of morphia and atropia administered either before or during the anaesthetic, or by administering chloride of ethyl or nitrous oxide before the ether or chloroform. Many prominent surgeons invariably use chloride of ethyl first; as this way the amount of chloroform or ether is reduced nearly one-half, and proven to be very successful. We have used it and like its method very well, and think it will become more prominent in our work. The less anaesthetic there is for a patient to eliminate, the less nausea and discomfort he will have, and less likelihood of interference with the eliminating function of the kidneys. As I have indicated before, the use of morphia at the close of the operation, before the patient regains consciousness, will entirely obviate or greatly reduce the sensation of nausea, but also will reduce it. Where it is possible for a patient to be placed in a sitting posture, nausea will frequently be relieved. This is particularly true after operation on the stomach. A drainage tube in the abdomen, by reflex action, may cause vomiting which will cease only on removing the same. In our experience, troublesome vomiting is rare where a full dose of morphia is given at the close of operation. Thirst, too, is a symptom which is much less troublesome now than formerly when water was withheld for long periods after operation. The thirst can be largely relieved by giving large quantities of salt solution per rectum.

There are few operations, however, after which water cannot be given promptly by the mouth. If a patient is not nauseated, we allow him water a few hours after operation in small quantities. It has not been our experience that this is apt to start up vomiting. The early administration of water applies after abdominal operation as after others. I think giving of an ounce or so of water at regular intervals is preferable to the constant sucking of ice. Liquid food should be given as soon as the patient desires it, or as soon as the nausea sensation has passed away. Confinement to one position, with the restriction of all movements, after an operation, is extremely trying on a patient, and often results in insomnia and nervousness. Any movement that does ot directly interfere with the healing process of the wound should be allowed. It does not hurt a properly closed abdominal wound if the patient is placed upon their side, or the shoulder elevated or the legs drawn up, and is a great relief to them. When a patient is very anxious to change his position, and you are

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sure it will be uncomfortable—he being of stubborn disposition—it is not a bad plan to let him try the same. He will be convinced of his error and more contented in the position he had first occupied. Too much care cannot be given to attaining a comfortable attitude in bed after an operation. Restraint in an unnatural position gives rise to the greatest restlessness and discomfort. This is well illustrated in the tight confinement of the arm to the chest after a breast amputation. The patient is much more comfortable, the wound heals just as well, if not better, and there is less restriction of subsequent motion of the shoulder if the arm is dressed at a right angle to the body.

One of the problems after abdominal operation is the best time at which to open the patient's bowels. Formerly it was the custom of most surgeons to give some laxative, usually calomel, on the day following operation. This was due to the fact that an early movement of the bowels usually meant that no infection of the peritoneum had occurred, or that such an infection was not extending. We all know that the mere movement of the bowels, however, is in no way curative under such circumstances, and it is far better to allow the intestine to rest quietly after an operation than it is to stir up painful peristalsis by means of laxatives. This, please bear in mind, applies to the cases in which a proper preparation for the operation has been made. A movement by a glycerin suppository, an oil or soap enema is much more comfortable, as it does not cause painful peristalsis to the patient, and less disturbing to the healing viscera than purgatives.

If nothing but liquid food is given the patient for two or three days after operation, the third day is early enough to open the bowels, I believe, which we nearly always use, sodium phosphate is the best laxative. Inability to empty the bladder is of common occurrence in the post-operative period and resort to the catheter is often necessary. To resort to catheterization when the bladder is not painfully distended is a mistake, and it is far better to have the patient to empty the bladder themselves than to pass a catheter. Some surgeons go even so far as to have a patient get out of bed for this purpose, and, when it is possible, I believe it is good treatment. We avoid the use of the catheter as much as possible. When the catheter is employed the greatest care should be exercised and the catheterization done by an experienced orderly or nurse. Even under the best circumstances infections of the urethra and bladder occur, and it is the surgeon's duty to see that all necessary aseptic precautions are taken to avoid these unfortunate complications. No nurse or orderly should be allowed to use a metal catheter. Catheterization in children is to be particularly avoided, as injury of the male urethra in childhood is easily accomplished. In children we would much prefer to have the patient get out of bed than to have the catheter used. The time at which the patient is allowed to get out of bed varies with the operation which has been performed. A few rules, however, can easily be laid down. In the first place, old people should be gotten out of bed as soon after operation as possible. The advantage is easily shown in the present day as results from prostatectomy, where the patient is gotten out of

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bed on the second or third day. In abdominal operations on old people, a change of posture and early transformance from bed to couch or chair is very important. There has been a tendency in recent years to shorten the period which the patient spends in bed after an abdominal operation. After simple appendictomy many surgeons allow their patients to get out of bed on the following day or two. We have not been able to bring ourselves quite to the point, but we are shortening the period some, according to existing circumstances. In clean cases, where the abdominal wound is accurately closed and no muscle cut across its fibres, we get the patient out of bed on the twelfth or thirteenth day, with the abdomen well supported by a binder, and allow moving about on the fourteenth or fifteenth day. In this particular, I think, the individual disposition of the patient must be taken carefully into account. There are many patients who are benefited by longer rest in bed, whereas others, such as old people and those who are inclined to magnify their ailments, a prolonged rest may be harmful.

In abdominal operation we always employ an abdominal belt and instruct the patient to wear the same, a certain length of time, according to the nature of the case, and we have our first case to return with a rupture.

In closing, I would say that I think we are often guilty of paying too little attention to our patient during the post-operative period, and during the convalescence which follows. Many good results are spoiled by this neglect. For instance, take a tubercular lesion which we are frequently operating. If the after care of these patients is not properly carried out, especially the hygienic treatment, an early recurrence is the rule. Again, after operation for syphilitic lesions, it too frequently occurs that they are not instructed to continue the specific treatment. A proper restoration of function is frequently not realized because of our neglect of such agents as massage and passive movements. These are only a few instances which show the importance of the treatment during and after operations.

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GOITRE

By G. T. McCULLOUGH, M. D.
Missoula, Mont.

Read before the Montana Medical Association, 1908

This malady being of frequent occurrence, and one that most every practitioner of medicine and surgery comes in contact with, may be defined as an hypertrophy of the thyroid gland, occurring in both sexes, and at all ages. The type of disease under consideration is the one in which the enlargement of the thyroid gland is the most prominent symptom—in contra-distinction to what is familiarly known as exophthalmic goitre, or Grave's Disease, or Basedow's Disease, in which the exophthalmos, with cardiac symptoms prevail.

This subject has been taken up in the American Medical Association for several years past, and thoroughly discussed—but remedies and treatment therein advocated have not been very satisfactory with me. The prevalence of goitre does not seem confined to any one locality, and afflicts school children as frequently as older persons; females are more prone to it than males. The mountains of Switzerland are renowned for the numerous cases there. The etiology I shall not dwell upon, as but little is known as to the direct cause of the disease. The pathology may be classed as either parenchymatous enlargement of the gland on either one or both sides; or vascular, where the dilated blood vessels form the tumor, or cystic in origin, wherein different sized cysts cause the enlargement.

Symptoms of this type of goitre may be confined to nearly one complaint, the patient usually saying "their collar keeps getting tighter all the time," but suffer no pain or inconvenience other than this, and being unsightly.

In young subjects I have frequently noticed nervous symptoms well manifested in connection with the glandular enlargement, such as muscular twitching, inability to endure exercise, restless sleep, and lack of ambition.

The method of treatment that has been most satisfactory to me is not a new one by any means, and more of a surgical procedure than a medical one—yet, combining the two, though the technique and proper administration of medicine to get good results is very important. By this I mean the parenchymatous injection into the gland of a solution of iodoform in equal parts of sulphuric ether and olive oil.

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Iodoform ʒ ss.
Sulph. A.-Ether.
Ol. Olivae aa ʒ iiiss.

M.—Sig.—Parenchymatous injection mxv. to mxl.

The frequency of injections should be governed by the reaction set up, and idiocyncracies of the patient, usually about once in four or five days.

I find cases of long standing require a larger dose to produce inflammatory action than those of recent occurrence. The object is to use enough to make the neck quite red and inflamed in appearance for several hours after administering. Some precautions are necessary, and some authors consider this treatment dangerous. I have never found it so. It is surely vigorous treatment, but patients who have tried everything in the way of treatment from "amber beads" to iodine and electricity, and all in vain, are willing to submit to it. The introduction of the hypodermic needle is uncomfortable—this can be greatly remedied, and parts made surgically clean, by applying a layer of absorbent cotton saturated with stronger ether for a few minutes.

For the swelling and smarting after the injection, I usually instruct a patient to apply hot cloths for an hour or two after returning home.

Different portions of the enlarged gland should be selected for different days as site for introduction of needle, care being taken to avoid veins, or penetrating entirely through the gland into the large vessels of the neck.

In addition to the above, I usually give internally as a tonic alternative:

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Syr. Hydriotic Acid ʒ iv.

Sig.—Teaspoonful in water 3 times a day after meals.

Clinical cases: (1). Mrs. J. E. M., aged 32, goitre of six years' duration; had used local applications of iodine, iodide of potash ointment, electricity and many internal remedies with no benefit. Commenced injection treatment with M XX once every five or six days, and increased to M XL the third treatment. After nine treatments patient was so much improved she considered further injections unnecessary. That was in June, 1896. I saw the same lady recently. She is enjoying the best of health, and appearance of thyroid normal. She told me there had never been any return of the goitre.

Case 2. C. T., aged 15, schoolboy, neck become so enlarged could not fasten his shirt or wear a collar. Injections of M XII on each side to begin with, and gradually increased up to M XXX.

This patient was treated after school closed for the day, and the inflammation from the injections subsided sufficiently for him to attend school next morning. This case required twelve treatments, about five to seven days apart, the last two or three being at inter-

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vals of ten or twelve days. At expiration of this time the neck was reduced to about natural condition.

Case 3. Mrs. J. P., aged 42 years, circumference of neck measured 14¾ inches; mother of 4 children, had goitre for twelve years; before beginning injection treatment had tried many remedies. Gland on each side of neck about the size of a large lemon, isthmus not involved; both were tender, and caused some dyspnoea, and slight accelerated heart action; patient anemic and very nervous and suffering from exhaustion.

Internal treatment of the hydriotic acid as mentioned above, and injections of M XV on one side at a sitting to begin with, owing to her weak condition, administered every four or five days, and gradually the dose increased to M XXX, and both sides injected at same sitting.

This patient was very apprehensive, as she had been told injection treatment was very dangerous. I saw her recently, and find the circumference of neck to be 12¾ inches, and appears perfectly natural, over a year now since treatment was commenced, requiring twelve injections to effect a cure.

In conclusion, I will add that the odor of the medicine used might be repulsive to some persons, as it thoroughly permeates a physician's office when administering to a patient—but it certainly cannot be an unhealthy odor.

As fine a needle as will carry the solution should be used, and thoroughly cleansed and sterilized before each injection. I find it much better to plunge the needle to full depth required without hesitancy, and gradually withdraw as medicine is injected. It requires determination on the part of both patient and doctor to get good results, yet when carefully and systematically carried out, the results are gratifying, and the most satisfactory of any therapeutic measure for goitre I have ever tried.

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THE RELATION OF TONSILS AND ADENOIDS TO MIDDLE EAR DISEASE

By A. K. HIGGS, M. D.
Portland, Oregon

Read before the Eastern Oregon Medical Society, July 23, 1908

From a pathological standpoint the middle ear is the most important part of the auditory apparatus. That we may more fully appreciate the relation of the tonsils and adenoids to disease of the middle ear, we will briefly review the anatomy of the parts. The middle ear is divided into the tympanic cavity, the mastoid cells and the eustachian tube. The tympanic cavity is a small, irregular, prismatic shaped cavity situated in the petrous portion of the temporal bone between the external and internal ear, and communicates with the mastoid cells and the pharynx. Crossing the cavity, extending from the tympanic membrane to the oval window of the vestibule, is a chain of small ossicles, which act as a conductor of sound from the external to the internal ear. The eustachian tube connects the tympanic cavity with the pharynx, and brings about an interchange of air between the atmosphere and the cavity. It is a small osseous and membro-cartilaginous tube about 34 to 36 m. m. in length. The pharyngeal orifice of the tube is trumpet-shaped, and is situated in the upper part of the lateral wall of the pharynx about on a level with the inferior turbinated body.

The orifice is freely movable physiologically, and the tube is opened for middle ear aeration by the act of swallowing. The normal excursion of the orifice of the tube in the act of swallowing is from ¼ to ½ inch; they almost touch in the median line in some cases. Back of the tongue in the pharynx there is almost a continuous ring of lymph follicles (tonsils). Beginning with the pharyngeal tonsil situated in the upper part of the posterior wall of the pharynx, the ring passes to the follicular tissue in the fossa just posterior to the Eustachian orifice. (Fossa of Rosenmuller), and then around the orifice to the soft palate and along the posterior pillar of the fauces to the faucial tonsil, and this connects with its fellow by a mass of tissue extending across the base of the tongue (Lingual tonsil). These lymph follicles or tonsils are similar in microscopic appearance and are closely connected by their lymphatic vessels. On account of the very intimate anatomical relation existing between these parts one can readily appreciate how affections of the post nasal space, and pharynx can influence reflexly and otherwise the middle ear apparatus.

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Adenoid tissue is hypertrophy of the pharyngeal tonsil (tonsil of Luschka). In some cases the pharyngeal tonsil is not only hypertrophied, but there is an extensive formation of new adenoid tissue completely filling the cavity of the naso-pharynx, and occluding the orifice of the Eustachian tube,

The permeability of the Eustachian tube is of great importance to the function of hearing. If the tube is not permeable the air which is confined in the tympanic cavity brings about a congestion and exudation; and when the tube is not permeable, the external atmospheric pressure predominates forcing inward the tympanic membrane and ossicles, whereby their power of vibration is diminished. Any tumor or swelling, acute or chronic, causing nasal obstruction and mouth-breathing will interfere with proper aeration of the middle ear. The swelling or the growth may act as a mechanical obstruction to the tube or prevent the proper excursion of its orifice, and the rapid evaporation of the saliva in mouth breathing makes the act of deglutition much less frequent. Adenoid vegetations and hypertrophied tonsils are, by far, the most frequent cause of improper middle ear aeration.

In 1000 cases of adenoids examined by Schaeffer (Jour. A. M. A., 2-7-03, page 363) in 467, or almost 50 per cent, the middle ear was involved. Braislin claims that middle ear disease almost invariably accompanies adenoids. Frankenburg (Jour. A. M. A., 3-28-03, page 841) reported that 59 per cent of the deaf and mute inmates at Prague have adenoids when they enter the institution, and Arslow and others claim that the hearing can be restored in some of these cases by properly removing the growth, followed by appropriate treatment. In my experience, adenoids and diseased tonsils is an important etiological factor in a large per cent. of the cases of chronic suppurative otitis media in children, and an effort to permanently cure these cases without removing the hypertrophied tissue from the pharynx will be futile. No race is exempt from adenoids; they are found in all climates, and as regards sex there seems very little, if any, difference. They often follow scarlet fever, measles, diphtheria, and other diseases affecting the upper air passages. Adenoids are found in very young infants, and an early removal saves the patient from the defects caused by ignoring their presence. Prof. G. Zimmerman attributes the etiology of recurring pseudo croup to adenoid vegetations, and states that in his experience extirpation of the adenoids always cures the croup. Inability of the child to nurse properly, and noisy mouth breathing are the symptoms depended upon to a great extent in making a diagnosis of adenoids in infants, but if the surgeon is in doubt, he can pass his index finger into the upper pharyngeal space and palpate the soft, spongy adenoids. In children two years of age and over digital examination is the best method of diagnosis. Adenoids are nearly always accompanied by a diseased condition of the faucial tonsils. It is astonishing how many physicians still adhere to the belief that a diseased tonsil does no harm. A diseased tonsil is continually manufacturing a material which contains decomposing and septic substances, and

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virulent bacilli are often present in the secretion. It is almost impossible to contend with affections of the pharynx and middle ear without getting rid of such diseased conditions.

It is not the size, but the character of the tonsil that interests us most. We may have a very large tonsil causing very little trouble, whereas, on the other hand, very small, insignificant-looking ones may produce the direst results.

With these facts in mind, it devolves upon us to find the best means of treatment. It seems to me the only conclusion to be reached is the removal of the diseased tissue at the earliest period practicable. If there is a broad and devious path that leads to disappointment, both to the patient and physician, the treating of diseased tonsils and adenoids with gargles and sprays certainly points that way. Please do not understand me to advocate the removal of all tonsils, but I do advocate tht strictest kind of surgical treatment for the diseased ones, and I believe if they have to be removed at all they should be completely removed. In this connection I desire to protest against the cutting off of a part of a tonsil, decapitating it, with a tonsilotome, and attempting to remove the adenoids with the finger nail. It is true that in many cases, especially in children, the obstruction to respiration is the most important symptom, and decapitating the tonsil, and removing a part of the adenoid tissue will give relief for a time, but the diseased tissue left is a constant source of danger to the patient. Only a few days ago a lady came into my office complaining of sore throat. The lower part of the tonsil was red and swollen and the crypts filled with white cheesy plugs. There was an expression of surprise mingled with disgust when I informed the lady that her tonsils were affected. "Why," she replied, "my tonsils were cut out several years ago." The operator in the case had removed a part of the tonsil and the patient was having trouble with the part that was left. The complete removal of the tonsils and adenoids offers naught but permanent relief to the patient. There is more danger from hemorrhage following a partial removal of the tonsil than there is in complete extirpation. The hemorrhage following a tonsil operation is usually due to the division of a small arterial branch, which on account of its being embedded in fibrous tissue in the stump of the tonsil cannot retract. The complete removal of tonsils and adenoids under a general anesthetic is not an easy operation, and in children up to 15 years of age the operation should be done with the patient under a general anesthetic.

It matters very little just how the tonsil and adenoids are removed, and probably each one of you have a method which is satisfactory. Personally, in most cases, I prefer a strongly made snare which carries a coarse piano wire for removing the tonsils, and a Gotstein curette, or some modification of the Gotstein, for removing adenoids.

When sufficiently under the influence of the anesthetic the patient is placed where the light is good, a direct light if possible, the head of the table lowered a few degrees to prevent the blood from flowing

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down into the larynx, and the mouth gag inserted; then, by means of a tonsil forceps, lift the tonsil from its bed and divide any adhesions that may exist between the tonsil and its faucial pillars. McKuen and many others have devised instruments for dividing the adhesions. Personally, I prefer a hook knife with a blunt point. When the tonsil is free from adhesions, it readily engages in the wire loop of the snare. The wire loop should be made just of sufficient size to engage the tonsil. Pass the closed tonsil forceps through the wire loop, holding the snare in the opposite hand, then open the forceps, grasp the tonsil and make traction. While making traction on the tonsil with the forceps the wire loop is passed over the tonsil and before drawing the loop home be sure that all of the tonsil is engaged. The right tonsil is removed with the snare held in the left hand, and the left with the snare held in the right hand. It is often necessary, while dividing the adhesions and engaging the tonsil in the wire loop, to have an assistant hold the tongue down with a tongue depressor. After the tonsils are removed and the hemorrhage checked, the tongue is held down with a tongue depressor in the left hand, and a Gotstein curette held in the right hand is introduced and passed well up to the septum by depressing the handle. Firm and constant pressure is now made and by elevating the handle the cutting portion of the instrument is made to sweep from above downward removing any hypertrophied tissue that may be in the vault or on the posterior wall of the pharynx. The patient is now turned face downward to allow the blood to escape. The hemorrhage attendant upon removal of adenoids is apt to be considerable and even alarming, but as a rule it soon ceases and needs no interference.

Diagnosis of Functional Paresis.

P. Zenner, Cincinnati (Journal A. M. A.), has been able to confirm the new sign for malingering and functional paralysis described by Hoover (Journal A. M. A., Aug. 29, 1908), and reports his experience with it in two cases. He remarks that it is surprising that, simple and easy as it is, it had not been before described. He calls attention, however, to certain points to be observed in the examination. The complemental opposition, as Hoover calls it—the pressure of the heel of the apparently paralyzed leg into the bed—may not always be very manifest to the hand placed under the tendo Achilles, but will be more evident to observation of the uncovered thigh or to feeling of the thigh muscles. Hoover says in his article that the movements can be carried out in the reverse order; that if a normal person presses one leg against the couch there will be a counterlifting force observed in the other. Zenner tried this test in a number of persons, both normal and paralyzed, but failed in almost every one till he observed the uncovered thigh or felt for the contraction of the thigh muscles, and then he was able to see evidence of this counterlifting action in every instance. It varies, he thinks, to some extent in different persons, but he thinks that the sign may be of special service in some cases.

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SURGERY OF THE THYROID GLAND

By E. N. CROCKETT, M. D.
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The thyroid gland in the adult is composed of two lateral or paired lobes, and a central or pyramidal lobe. The pyramidal lobe arises as a small evagination of the front wall of the epithelium of the throat in the median line and in the vicinity of the second visceral arch. It then detaches itself from its origin, and is usually converted into a solid spheroidal body whch later becomes the isthmus uniting the two lateral or paired lobes forming the toe of the so-called horse-shoe-shaped gland situated in front of and to the side of the trachea. Occasionally, as I saw in one case, this lobe remains as an epithelial lined vesicle which, in conjunction with the thyreoglossal duct extending to the foramen caecum at the base of the tongue, forms apyriform saculated pouch. This form most often becomes fistulous and remains so until the thyreoglossal duct is dissected out.

The paired fundaments or lobes of the gland are produced by evaginations of the ventral epithelium of the throat in connection with the last visceral arch, near the anterior end of the heart and are split off into separate fundaments which normally come to lie on either side of the larynx. It sometimes happens in the process of development that one of the fundaments instead of assuming its position beside of the larynx is pulled down by the heart as it descends to its proper position in the thorax, and we then have the so-called wandering thyroid or plunging thyroid or intrathoracic thyroid. When this condition exists, and a contingency should arise requiring the removal of the gland, it necessitates the greatest skill in its ablation. Supernumerary, or accessory thyroids are due to the evagination and budding of more than one lateral fundament. Some also originate from the pyramidal fundament.

The term Goitre means an enlargement of the thyroid gland. It may be symmetrical involving the entire structure of the gland, or only portions of the gland may be involved. It may be nodular or cystic. The symmetrical variety may be parenchymatous where we have an increase in the number of follicles, and an increase in the colloid contents, or it may be fibrous with a large increase of connective tissue with a corresponding decrease in the number of follicles and colloid, or vascular where we have distension of the blood vessel walls.

The circumscribed variety may be adenoglandular, it may be

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cystic filled with colloid, or calcareous, osseous, fibrous or hyaline material, or it may be true adenoma, or adenocarcinoma.

The conditions requiring surgical operation upon the thyroid are first those goitres which through pressure may cause serious disturbance or obstruction to respiration or the circulation; deglutition and nerve impulses; second, those goitres producing functional disturbances, and marked derangement of the metabolic processes of the body, and, third, those goitres which are removed because of the cosmetic deformity they produce. The goitres producing the first variety of symptoms are usually not very large, and it is only because of the position they occupy in close proximity to trachea, larynx, aesophagus, blood vessels and nerves where slight enlargement may cause marked impairment of function by mechanical obstruction that their surgical removal is required.

These growths may be unilateral, bilateral, or circular; the circular goitre attains that form by having the upper poles of the lateral lobes join themselves together usually between the trachea and aesophagus. One can readily see how a slight enlargement of the gland under circumstances of this kind would produce marked dyspnoea or dysphagia or by interference with the impulses of the recurrent laryngeal nerve produce huskiness of voice, or complete aphonia. This form of goitre is sometimes the cause of sudden death; its continuous pressure has caused the absorption of the cartilaginous rings of the trachea, and even a temporary congestive enlargement of the gland under these circumstances might collapse the walls of the trachea and asphyxiate the patient. Kronlein has reported cases where sudden death has occurred without any appreciable diminution in the lumen of the trachea; he says in these cases it is reasonable to assume that the tumor by pressure has caused paralysis of the laryngeal nerve and that this acute attack of suffocation steals upon the patient like a thief in the night, the individual who has slept comfortably suddenly awakens with a sense of impending suffocation, rushes to the window and gasps for air. The attack may pass off as suddenly as it came, and be followed by little or no distress.

The second variety, or those producing functional disturbances, are the most common, and the two clinical varieties often produce the most striking picture of nutritional disturbances that it is ever the privilege of medical men to see.

I will not speak of the hypothyroid cases where we have the symptoms of cretinism, infantilism, and myxoedema, but of that intensely interesting, peculiar syndrome known as hyperthyroidea; sometimes spoken of as Graves' disease, or as Basedow's disease. This disease was first described by Graves in 1835, and later Basedow gave a more complete description of the disease and its varied symptoms. Much is yet to be learned of the etiology and pathology of the disease. We do know, however, that in this kind of thyroid trouble the struma is of the parenchymatous variety, and that more than probable all of the symptoms are due to an excessive outpouring and absorption of the normal gland secretion. What the factors are which cause this hypersecretion is so far not known. Richardson says "hyperse-

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cretion of any gland as far as is known is the result of some agent in the blood and not of the glands' self excitation. In parenchymatous goitre a blood poison is present which the gland had no share in producing, and that the severity of the symptoms of hyperthyroidea bears no relation to the degree of thyroid hypertrophy." "From the evidence at our disposal, the etiology of Basedow's disease may be summed up to be due to an excessive or perverted secretion of the thyroid gland, the result of a toxemia probably produced in the digestive processes." Psychic and neurotic disturbances seem to have an influence in increasing the severity of the symptoms, but may not have any part in the true etiology of the disease.

The disease is much more common in women than men, and occurs most often between the ages of 20 and 40 years. The most prominent symptoms are struma, usually not greatly enlarged, exophthalmos, this symptom may be absent, slight, or pronounced, tachycardia, the pulse ranging from 130 to 200, and tremor. This tremor is fine and fibrillary, and affects all the muscles of the body. The rapidity of tremor is 10 to 12 per second. If the disease has become well marked a pronounced muscular weakness exists, especially in the legs. The other symptoms, such as periodical attacks of diarrhoea, marked loss of weight, pigmentation of the skin, leucoderma, menstural derangements, Von Graef's, Stelwag's, and other ocular symptoms, and anaemia may or may not be present in any given case. I will now report a case in extremis, which I was fortunate enough to treat successfully, although at the time I did not fully understand the effect of psychic excitation as being the most potent factor in producing the extreme shock and hyperthyroid poisoning that usually follows this operation.

The masterly paper read by Dr. Geo. W. Crile at our recent state meeting, relative to this phase of the subject should be obtained and read by every medical man, as I believe from the limited experience I have had that his conclusions are correct and reasonable, and that by following his methods one's chances of success in such a case would be greatly enhanced.

Mrs. E. H., aged 42, married, and has had two children; has good home and comfortable surroundings, and has always been accustomed to the care of her household. She has had a slight enlargement in the thyroid region since she was 16 years old, but no constitutional symptoms were apparent until about 1907. I first saw her in November, 1907; her family history was good; she came to see me because of a progressive muscular weakness and tremor which she was unable to control, and because she had noticed that her collars were getting a little snug, and her weight was reducing quite rapidly. On examination I found a rather tall woman, whose weight was 120 pounds, her muscular system was flabby and poor, and she was fidgety and restless, and temperature was 99½. There was no enlargement of the spleen, neither could I discover any enlargement of the lymph nodes of the body. The thyroid was enlarged and more especially on the right side. The Pyramidal lobe was not enlarged, and so far as I could detect there was no pulsation in the gland, but

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a slight systolic thrill could be felt by placing the hand over the gland more pronounced on the right. An examination of the blood showed a slight reduction in number of red cells, and a hemoglobin estimate of 70 per cent. There is distinct instability of the nervous system, shortness of breath and palpitation on the slightest exercise or excitement; diffuse pulsation was noticed all over the cardiac area, which was much enlarged, the apex beat fully three fingers breadth external to the papillary line; by placing the hand over the cardiac area there was felt a wave like thrill or flapping sensation which indicated marked dilatation. The pulse rate was never below 120, and was more often 160 to 200; arrhythmia was most always present. There was a hoarseness of voice, and when the patient would speak there was a continuous desire to clear the throat. The urinary examination showed but little change from the normal; the skin was flushed and moist. The mind was clear and the patient slept fairly well, and none of the special senses were deranged. Fine tremor was visible in all muscles of the body; the leg muscles were very weak, and if the patient sat upon the floor it required the greatest effort to arise; there was anasarka of the feet and legs; there was no exophthalmos. A diagnosis of hyperthyroidea or Graves' disease was made, and the patient advised to go to the hospital. This the patient refused to do, expressing great dread of hospitals and operations. She was, therefore, treated at home as a medical case until the 10th of January, 1908. This treatment consisted of intestinal antiseptics, bromides, belladonna, hydrobromate of quinine, and digitalis tried in rotation, and in conjunction with proper feeding and hygiene. The treatment had no effect in relieving the symptoms and the muscular weakness and delirium cordis grew slowly worse. On the above date she went to the hospital, and was put to bed in a quiet room and visitors excluded, an ice bag was kept more or less continuously over the cardiac area, the medical treatment being continued. This procedure lasted until February 10th, with the result that the delirium cordis was improved, the pulse being at times as low as 100, and the dilatation reduced to one finger breadth external to the papillary line. On the above date an anaesthetic was given and all of the right lobe and isthmus was removed, the left lobe, not being much enlarged, was left.

The patient left the table in fairly good condition, but during the first and second days following the operation the patient exhibited symptoms of the most profound colloid toxemia, after which there was gradual steady improvement.

Present condition: Weight 148, skin pigmentation and leucoderma cleared up and complexion good, muscular weakness has disappeared and she seems as strong as she ever did in her life. The heart muscle is reduced nearly to normal size, there is no arrhythmia, and the pulse rate markedly reduced, and the sympathetic nervous system has good control of the circulation; her improvement has been gradual and not sudden, as in some cases reported. I believe a general anesthetic should be given in operations upon the thyroid; much

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can be said in their favor, and the only thing to fear, which might be avoided by using local anesthesia, is injury to the recurrent nerve.

Deaver says he has never seen the nerve in an anomalous position to an extent that it could not be protected by first separating the gland from its rather loose attachment to the trachea cricoid and thyroid cartilages, dividing the isthmus between double ligatures, and protecting the nerve which lies in the thyreo-oesophageal groove, and packing gauze between. In tying off the superor and inferior thyroid arteries a piece of both poles of the gland should be included and a linen thread used so there will be no slipping. In that way the parathyroids are avoided and the recurrent laryngeal, I think, could not be injured.

Dr. N. W. Jones, of Portland, was medical consultant in this case.

Case 2. W. A., man aged 28, a sheepowner and rancher, presented himself January 27th, 1903; family history: mother and father and one sister living and in good health; personal history: was well and robust up to about 16 years of age, then developed a cough, which was more or less troublesome, and which nothing seemed to relieve to any extent; still the patient's general health and nutrition remained fairly good; the family and doctors feared there was tubercular trouble, but the general condition remained about the same until the winter and spring of 1902-3, when a swelling rapidly appeared, filling the space above the suprasternal notch, and extending upward and spreading laterally. At this time the patient came for medical advice. The tumor was hard and fixed, infiltrating the surrounding tissues. Cough and dyspnoea were troublesome on slight exercise. The patient was placed in the North Pacific Sanatorium and the family informed that the case was cancerous and too far advanced to permit of any surgical relief. After a week's residence at the hospital the patient was suddenly seized by an attack of profound dyspnea, turned black and very quickly became unconscious. The father, being present, urged that something be done, and the patient was carried to the operating room and Dr. Coffey, who was with me, made a long and deep slash across the neck and, to our surprise, the patient revived and lived in comparative comfort for a week, when another seizure, very similar in character, caused his death. I think the dyspnea in this case was due to pressure causing nerve inhibition, as a postmortem showed no breaking down of the cartilaginous rings or collapse or obstruction of the trachea at any point. Postmortem also showed a tumor originating in the mediastinum which had extended upward to the neck and which surrounded the trachea, bronchial tubes, blood vessels and nerves and bound them into a solid unyielding mass. A microscopic examination showed the presence of thyroid tissue in the mediastinal growth, by there being present in certain areas alveolar spaces filled with coloid. There was no evidence of there having been pulmonary tuberculosis at any time, and it is reasonable to suppose that the early cough was due to hypertrophy of a mediastinal thyroid which later took on cancerous degeneration and proceeded to a rapidly fatal termination.

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SUPRA PUBIC PROSTATECTOMY

By A. E. ROCKEY, M. D.
Portland, Ore.

Read before the Washington State Medical Association, September, 1908

Method in prostatectomy is as yet an unsettled question. Previous to 1901, my operations, with a few exceptions, were done by the supra-pubic route. At the meeting of the American Medical Association in St. Paul in that year there were several papers which elicited a general discussion. The weight of talk was in favor of the perineal route. Although my previous results were highly satisfactory, I returned from the meeting with a conviction that I was in duty bound to change my ways. I began operating through the perineum by a variety of methods, and achieved, at times, brilliant results, quick recoveries and good function, but the total average of good results was not equal to that I had formerly obtained. I must acknowledge, also, to have twice injured the rectum, though in neither case was I aware of it at the time of the operation. Fecal fictula developed in one case in six days, one in ten days. Both men recovered, but had a tedious convalescence. I believe that it is generally claimed that injury to the rectum in perineal prostatectomy is avoidable always by a skillful technique; yet, if I may judge from the confessions of surgeons, public and private, and unreported complaints of the suffering patients, and the stories of lamenting relatives, I should say that the occasional operator injures the rectum in rather an alarmingly large per cent of perineal prostatectomies. Four years ago I returned to the supra-pubic operation, using the method I had described in the discussion before referred to for all ordinary prostatic hypertrophies. The exceptions are cases in which malignancy is suspected, or where prostatic abscess or purulent vesiculitis is present. I soon developed some improvements in the incision and method of drainage, which I have found highly satisfactorily. In the complete technique which I use, there is only a little to which any claim to originality is made. As, however, the selection and arrangement of the various steps of the operation is the result of a considerable experience, I believe, even at the rick of some tedious repetition, that the purpose of this paper will be better accomplished by describing the operation as I perform it.

The procedure is as follows: Bladder filled with water, patient in Trendelenburg position, operator standing at left side of table. One finger's breadth above the pubic bone, a transverse incision, one and a half to two inches long, extending to the deep fascia. Vertical

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intermuscular incision, same length or slightly larger than the external incision. When the parts are well separated with the retractors, the fat covering the distended bladder can be pushed upward with the finger tip. Vertical incision about three-quarters of an inch in length is made in a downward direction with one quick thrust of the scalpel through the bladder wall. As the water gushes forth, and before the bladder wall has had time to collapse, the index finger of the left hand is thrust into the bladder, the prostate palpated and the urethra located. A pair of straight uterine scissors with rather blunt ends is introduced into the bladder with the palmer surface of the left index finger as a guide. One blade enters the urethra and the other rests posteriorly. The crown of the prostate is then divided by a single cut of the scissors. If it is found that the prostate is of excessive size, the bladder incision may be suitably enlarged by an additional cut of the scissors. Such enlargement, however, is very seldom necessary. The left index finger is removed from the bladder, and the left hand thrust into a rather large glove which the nurse holds ready in a basin of water.

While this is being done the table is lowered. Two fingers of the gloved left hand are now introduced into the rectum. The index finger of the right hand is introduced into the bladder, and entering the incision in the prostate the enucleation first of the left lobe and then of the right is quickly done with th aid and guidance of the supporting fingers in the rectum.

The ideal enucleation is in two pieces, and sometimes it is in one, and sometimes, when the gland is very large and lobular, in several. The enucleation should be completed before the fingers are removed from their position. The detached fragments are allowed to remain loose in the bladder until this step of the operation is completed. The glove is then removed, and the left hand quickly rinsed in a basin of bichloride solution, and then in water. The instrument I have found best adapted for delivering the enucleated gland is the ordinary sponge forceps with smooth oval fenestra. The larger pieces are easily picked up and drawn into the incision, which may be shorter than the diameter of the fragments. The gland tissue elongates as it is drawn through the smaller opening, and the bladder wall is so elastic that the small incision easily stretches over large pieces. After the larger pieces are removed, the cavity is explored with the left index finger, which is now used as a guide for the sponge forceps in picking up the remaining fragments or stones which may be present.

Small fragments of stone, or of gland tissue are fortunately often enveloped in clots, the removal of which serves a double purpose in cleaning the bladder. Beginning at the top, a pursestring suture is now introduced around the very edge of the incision in the bladder. I use a No. 2 chromic catgut in a Robeson needle of about a one inch circle. The ends of the pursestring are left long, and are held together by a pair of artery forceps. A second pursestring is then introduced by short, deep stitches about half an inch outside of the first. In this maneuver a longer incision through the abdominal wall

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will be of advantage to the beginner, though I have no difficulty now in doing it through the incision I have described. The finger is introduced itno the bladder to stretch out any puucker, and leave the bladder wide open for the final clearing of clots. A soft catheter of full size with silkworm gut loops tied firmly around it is now introduced through the urethra, and fastened to an adhesive plaster sheath. This is at once attacahed to a large irrigator, and a continuous stream of water started.

The few clots that have formed during the introduction of the purse strings, are thus washed out, or can be easily coaxed through the opening with the sponge forceps. It is of the highest importance that the bladder be thoroughly cleared of clots, and that their formation should be prevented by an uninterrupted stream of water until the bleeding has ceased. Clot formation after closure of the bladder will interfere with the success of the drainage. It is, however, easy by careful attention to detail to avoid them.

We are now ready for the drainage tube, which has been prepared thus: Take a new piece of soft black rubber tubing 3½ inches. Cut a fish tail notch in the end, and three or four oval openings within an inch and a half of the end. With a reef knot, tie a small loop in the middle of a heavy strand of recently boiled silkworm gut. Tie this firmly four inches from the end of the tube, and finish with another small loop. Insert the drainage into the bladder, and draw up and tie the first pursestring firmly around it, about two inches from the end. During this time the irrigation has continued, and as soon as the purse is tied it pours through the drainage tube over the side of the operating table. The first pursestring is cut short, and by pulling up on the second, and by pushing downward a little on the tube, the bladder wall is inverted against this side of the tube. The string is then firmly tied, and the ends threaded in a Robeson needle, and one brought through each side of the incision in the deep fascia. A plain catgut suture is passed through the muscles below the tube, catching the bladder wall in its course. When these sutures are tied, they bring the bladder firmly against the abdominal wall and obliterate the space of Retzius. Before they are tied, however, a small twisted catgut drain is inserted into this space alongside of the drainage tube to prevent urinary infiltration, in event of leaking around the pursestrings. Ordinarily these two sutures will be sufficient to close the inter-muscular incision, but if necessary, an additional stitch may be used. The transverse skin incision is now closed with two or four silkworm gut sutures, a loop being tied above the knot on each side of the drainage tube. A safety pin is passed through the skin loops, holding it firmly in position.

The operation is now finished, but the irrigation must continue until the bed is equipped with a large irrigator full of warm water, and everything is then ready for the reception of the patient. The catheter and drainage tube are simultaneously clamped with artery forceps, leaving the bladder full of water. The patient is quickly taken to bed, and the irrigation resumed at once. If the bladder is

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allowed to fill with undiluted blood, the drainage will be seriously interfered with by clots. The irrigation should run freely as long as the water is much colored with blood, the amount of the flow should then be cut by pinching the tube leading to the catheter with artery forceps, and lowering the reservoir to within about two feet of the level of the bed. The water may be allowed to drip continuously for 24 hours, with occasional rapid flushing to the capacity of the inflow tube. I have never given any special attention to the hemorrhage, have never packed the bladder, have never had a death, or even a prostration from hemorrhage.

I cannot believe that packing the bladder can be of any value in controlling hemorrhage, and believe that when it is done, bleeding stops in spite of it rather than by its aid. Irrigation alone will soon control it. In many cases the water is clear in an hour. In others a slight tinge of blood may appear occasionally on the second day. When the bladder is clean and the urine acid, a flushing may be given three or four times a day, by filling the irrigator and allowing it to run through the full capacity of the inflow tube. In such cases the supra-pubic tube may be removed on the fifth or seventh day, and drainage continued through the catheter alone. It is my custom to leave the catheter in place until the supra-pubic wound has healed.

In foul bladders with ammoniacal and phosphatic urine the course is different. The urine acts as a caustic. A layer of necrotic tissue forms over the wounds both at the base and top of the bladder, healing by granulation takes place only after this has separated. This slough is often covered with phosphate crystals, and would form a center for phosphatic calculusu if the bladder was allowed to close before it is removed. In these cases the supra-pubic drainage tube must be allowed to remain for several weeks. By this time thé sloughs have separated, and when the tube is rmoved, they may be washed out by thorough flushing, or may be picked up with a pair of sponge forceps. The original drainage tube, or a smaller one, must be replaced and after the sloughs have separated the wounds heal rapidly by granulation.

A dry bed may be maintained during this by changing to a smaller drainage tube, as the granulations close around the larger one.

I call these men phosphate-makers, and about one case in ten may have this experience. They make good recovery, but convalescence is somewhat tedious. It has been my custom for some time to make an inspection of the bottom of the bladder at the time the drainage is removed. For this purpose I use a large direct vision Belfield cystoscope. With the patient on the dressing table, a stream of water is started through the catheter, and the cystoscope introduced through the supra-pubic opening. In clean cases the bottom of the wound will be already covered with fine granulations, but the margin may be fringed with minute strings of necrotic tissue. These are of no consequence, and will easily wash out through the catheter in the subsequent daily irrigations. The bladder may be allowed to heal, leaving the catheter through the urethra until the upper wound is

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closed. The valvular action of the inverted bladder wall is sometimes sufficient to close the opening at once.

The original absorbent pad may be allowed to remain and primary union takes place with a dry bed from the first. Sometimes there will be a little leakage, requiring changing of pads, but the greater part of the urine flows through the retained catheter.

The drainage tube leading from this must be supported at the edge of the bed to avoid traction. Patients may be up as quickly after supra pubic as after perineal prostatectomy. By placing the ends of both drainage tubes in a receptacle on the foot board of a wheel chair, they may be up for several hours on the third day. Urinary function following this operation approaches the original perfection of youth, and after a large experience by both methods, I have given it my preference.

Gas Cysts of Intestine.

J. M. T. Finney, Baltimore (Journal A. M. A.), reports a case of this rather rare condition in man, and discusses its literature, etiology, pathology, diagnosis and treatment. The patient was operated on for gastric cancer, a gastroenterostomy being performed, and before closing the abdomen a routine examination of the intestines revealed a curious soft multilocular cystic growth, which was found attached to the ileum about one foot above the ileocecal valve. The numerous cysts were grouped together and varied in size from microscopic to as large as grapes, air escaping with an audible sound on puncture. Some of the cysts were pedunculated; they completely surrounded the intestine, and the whole mass was surrounded by a thin, weblike structure, suggesting an old, partly organized, peritoneal exudate. There was no evidence that it encroached on the lumen of the bowel. There were no symptoms that could be referred to this growth. The case is, he thinks, the first reported in this country. The chief interest is in the etiology, which is still obscure, but may yet be elucidated, perhaps from the study of the same or a very similar condition repeatedly observed in pigs, in which it seems to be more common than in man. Gas cysts also sometimes occur in the vagina and bladder of pregnant women, disappearing soon after delivery. The various theories of the etiology are noticed. Finney rejects the idea of a bacterial origin and inclines to the belief that it is a definite type of tumor the cells of which have the power of secreting gas. No evidence of a bacterial origin was found by Drs. McCallum and Simon, or Professor Welch, who examined the secretion. The contained gas closely resembles atmospheric air. The pathology of the condition is also indefinite, though the histologic findings are rather uniform in all cases. The tumor is very vascular and most observers report finding peculiar large giant cells, containing many nuclei. There is no characteristic clinical picture, and the diagnosis is usually made at operation for some other cause at autopsy. The case reported is the first one associated with cancer. Not much is to be said as to treatment; obstructive symptoms may call for attention, but usually is overshadowed by other existing affections. Abstracts of the previous reported cases are given.

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Medical Societies

Portland City and County Medical Society—Meeting Oct. 7, 1908.

City and County Medical Society met in their rooms in the Medical Building October 7, 1908. Called to order by Dr. N. W. Jones.

In absence of all officers, on motion of Dr. Fessler, seconded by Dr. Ralph Fenton, Dr. Wm. House was elected temporary chairman.

Minutes of previous meeting were read and approved.

Members present—Drs. Jefferson, Buck, Greene, Kiehle, Eaton, Swennson, Coghlan, Wood, H. Fenton, R. Fenton, K. Manion, Fessler, Rand, Roth, Ricen, H. Nichols, Norden, Baird, E. Patton, Higgs, McCusker, N. W. Jones, C. H. Raffety, House, F. Manion, Marsh, Tilzer, Crockett, Hill.

Visitors—Drs. and Mrs. Flagg, of Vancouver, Washington.

Proposals for Membership—Drs. Ben L. Norden and Frederick A. Kiehle. Referred to Counselors.

Exhibition of Pathologcal Specimens.

Osteo-Sarcoma of humerus shown by Dr. Fessler. Discussed by Dr. Raffety.

Paper of evening: Dr. J. N. Coghlan, on "Labyrinthine Suppuration, Diagnosis and Treatment." Discussed by Drs. Wood, Eaton, Kiehle, H. Fenton, R. Fenton, Higgs, House.

Cases in Practice: Dr. Buck reported a case of acute colitis in an infant. Discussed by Dr. Marsh.

Dr. Baird announced that he has a supply of Anti-Meningetic Serum, and would be glad of cases to try it on.

Adjourned until next meeting, October 21, 1908.

October 21, 1908.

City and County Medical Society met in their rooms in the Medical Building. Called to order by the President, Dr. A. C. Smith.

Minutes of previous meeting read and accepted.

Members present—Drs. A. W. Smith, King, Roth, House, N. W. Jones, Buck, Fessler, Brooke, Wolf, A. C. Smith, Baird, Yenney, Cardwell, Ostrander, Whiteside, Marsh, Equi, Manion, Swennson.

Proposals for membership: Drs. J. C. Grim and C. W. Keen.

Election of new members—Drs. Frederick A. Kiehle and Ben L. Norden.

Exhibition of Pathological Specimens—Dr. N. W. Jones showed a case of Aneurism of the Aorta with specimen and X-ray plates.

Paper of the evening: Dr. N. W. Jones on "Angina Pectoris," calling especial attention to pain referred to remote regions in patients suffering from true aortic insufficiency or coronary disease. Also that high arterial pressure does not stand in a causative relation to angina. The pain is not the disease, merely a symptom. Various morbid conditions may cause it. (This article will be published in the Medical Sentinel.)

Discussion opened by Dr. Yenney, followed by Drs. Manion, Buck, House, Cardwell, Mracellus, Coffey, Dr. Jones closing.

Cases in practice: Dr. Yenney reported one case of a ruptured aneurism.

Adjourned until next meeting, Wednesday, Nov. 4, 1908.

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Proceedings of the Sixteenth Annual Meeing of the Idaho State Medical Association, Held at Boise, October 8th and 9th, 1908.

The sixteenth annual meeting of the Idaho State Medical Association convened in the Bishop Tuttle Church House, 514 North Eighth street, Boise, and was called to order at 10:30 o'clock on the morning of the first day, by the President, Dr. E. W. Kleinman, of Hailey.

Those present at the meeting were: E. W. Kleinman, President; Ed. E. Maxey, Secretary; F. W. Compton, J. M. Reed, Chas. R. Hudgel, Mary E. Johnston, G. E. Shawhan, J. M. Taylor, L. P. McCalla, Jas. L. Stewart, Adolph Blitz, John Boeck, L. Wardell Boeck, J. E. Froom, R. L. Nourse, W. F. Smith, E. Van Note, W. H. Tukey, R. L. Glase, Ralph Falk, George Collister, J. B. Lewis, J. R. Fields, J. M. Haines, Boise; R. A. Walker, Coeur d'Alene; C. D. Weaver, Twin Falls; Henry Waldo Coe, R. L. Gillespie, M. E. Austin, W. T. Williamson, R. C. Coffey, K. A. J. Mackenzie, Ray Matson, Portland; Jacob Prinzing, G. A. Pogue, Ontario, Oregon; Joseph Jacobs, Blackfoot; J. R. Numbers, Weiser; L. W. Chilton, G. H. Coulthard, A. R. Soderquist, Idaho Falls; R. E. Smith, G. O. A. Kellogg, Nampa; Y. C. Blalock, C. N. Suttner, Walla Walla; LeRoy C. Potter, Isaac W. Lynn, H. T. Ricketts, Chicago; John M. Holt, Astoria; H. C. Parrish, Spokane; A. A. Higgs, Gooding; O. W. Hall, Star; T. D. Tuttle, Helena, Mont.; B. F. Campbell, O. H. Avey, Payette; W. T .Drysdale, New Plymouth; F. L. Barrows, Dessie Robertson Darrows, Boulder, Colo.; C. L. Dutton, Meridian; J. W. Gue, J. J. Hamilton, J. A. Young, Caldwell; C. A. Smith, Seattle; C. B. Allen, Parma; C. J. Smith, Pendleton; Jessie K. Clarke, Weiser; O. A. Jeffrays, Cambridge, and Susan E. Bruce, Lewiston.

Report of Committee on Arrangements.

In the absence of the chairman of this committee, Dr. W. B. Lyman, the Secretary, reported for the committee that arrangements had been made to hold all the general sessions in Bishop Tuttle Church House; that the physicians of Boise would entertain all members and guests at a 6 o'clock dinner today; that those who desired to do so would be given an opportunity to visit the State School for the Deaf, Dumb and Blind, the Soldiers' Home, and State Prison; and that on tomorrow evening the Boise Commercial Club would entertain the physicians with a "smoker" at their club rooms.

Address of Welcome.

Hon. J. M. Haines, Mayor of Boise, was then introduced and in the following well chosen words welcomed the visiting physicians to the city:

"Mr. President, and Members of the Idaho State Medical Association: I am sure that in complying with the usual custom of delivering an address of welcome to such distinguished bodies as yours that honor our city with their presence, you will not expect anything elaborate or that savors of oratory.

"I desire in a brief and simple manner to voice the universal sentiment of the people of Boise in extending to you a most cordial and sincere welcome.

"You visit our city under a very auspicious star. It is not the time of the blooming of roses, and the glory of budding tree and flower, but it is the time of the flaming out of tree and shrub with all the burning beauties of autumn; the ripe fruit blushing on branch and vine, the season of magnificent sunsets when the sky is ablaze with hues that cannot be mocked by the artist, nor rivalled in

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any gallery of art anywhere in the world.

"You will ride through our streets in automobiles and in carriages and see what a bright, up-to-date little city we have here in the heart of what a few years ago was a sage-brush wilderness.

"Boise feels complimented in the visit of such able representatives of the noble profession of medicine. A glance at the program and at the wide range of topics to be discussed reveals the high state of culture and the advanced position of the members of the profession in attendance on this occasion. It would do credit to a state organization much older, and making much more pretensions than do the members of your association. Some of the topics are quite beyond me, as I am not a master of the dead languages, but I am sure they are all right, and am pleased and feel free to compliment you on the selections.

"Permit me, in a general way, to express my appreciation of the vast service your profession has, and is rendering the human race. You can safely, and very properly, number in its ranks, many men and women who, when the final account is taken as to merit and demerit of human actions, will be accounted worthy of a high place among the immortals.

"The pages of history shine with the achievements and endurance of members of your profession who have devoted and given their lives to reduce the sum of physical misery and promote the happiness of the race. They have hesitated at no risk personally to themselves, paused at no sacrifice to gather knowledge that would aid them in combatting with disease. It is to your profession that we owe all advance in medical science. We will not forget that it is to Koch that we owe the discovery of the tuberculosis bacillus, and also the yet best known mode of preventing its onslaught upon the gates of life.

"In the city of Washington, as you know, there gathered recently a small army of devoted specialists who held conference as to the latest science on the subject of the White Plague, whose ravages are responsible for one-seventh of the deaths of the human race the world over. This conference marks an era in practical work along this line, and the people hail with joy the announcement of German specialists—that there be no more tuberculosis after 1930.

"Years ago I read with much interest, and at times almost with tears, the delightful little story of the great Scotch author, Ian Maclaren, 'Beside the Bonny Brier Bush,' and was especially struck with the pen picture of that canny Scotch 'Practitioner of the Old School,' Dr. McClure. He and his faithful 'Black Bess' gripped the hearts of the people of the Glen with hooks stronger than steel. Many of your noble profession have demonstrated by self-sacrifice their devotion to duty, and their zeal in caring for the sick, often without any thought or hope of pay, and I have no doubt they are lineal descendants of Dr. William McClure, of whom the great London surgeon said, 'You are a credit to your profession.'

"The day of heroics is not passed, and even in Idaho, could the secrets of the practice of many of you be laid bare, I am sure there would be disclosed a devotion to the cause, and sacarifice in behalf of the afflicted, that would match the records of the profession anywhere.

"I wish you one and all, and especially does this extend to any who may be present from outside of Idaho as visitors or guests of our State Medical Association, a very pleasant and profitable session and visit while in our city, and now throw open wide

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the gates of Boise, and give the keys into your hands. I thank you."

The Secretary read a telegram from Bishop Funston, who is now in New York City, in which he presented his compliments to the association and extended a hearty welcome to Tuttle Hall.

In response to these kind expressions of welcome, the President briefly replied, thanking the Mayor and Bishop for their kind words, and assuring them that the association appreciated all that has been said and done to make this meeting enjoyable and a success.

The applications for membership of Dr. Arthur R. Soderquist, of Idaho Falls; Dr. Ray E. Smith, of Parma, and Dr. R. A. Walker, of Coeur d'Alene, were then presented to the association, and, on motion, were referred to a committee composed of Drs. O. W. Hall and A. A. Higgs.

The Secretary announced that during the year the President had appointed Dr. Hugh France, of Wallace, as member of the National Legislative Council, and that Dr. France had appointed the following members to compose the National Auxiliary Legislative Committee for Idaho:

R. L. Nourse—Boise, Ada county.

H. A. Castle—Pocatello, Bannock county.

No member in Bear Lake county.

G. H. Coulthard—Idaho Falls, Bingham county.

O. J. Allen—Bellevue, Blaine county.

C. B. Callard—Placerville, Boise county.

O. F. Page—Sand Point, Bonner county.

J. C. Woodward—Payette, Canyon county.

A. F. O. Nielson—Oakley, Cassia county.

F. H. Poole—Mackay, Custer county.

B. W. Mather—Mountain Home, Elmore county.

Geo. E. Hyde—Rexburg, Fremont county.

Jesse L. Rains—Grangeville, Idaho county.

J. C. Dwyer—Coeur d'Alene, Kootenai county.

J. L. Conant, Jr., Genesee, Latah county.

W. C. Whitwell—Salmon, Lemhi county.

C. W. Dill—Shoshone, Lincoln county.

C. W. Shaff—Lewiston, Nez Perce county.

D. C. Ray—Malad, Oneida county.

T. D. Farrer—DeLamar, Owyhee county.

F. Leo Quigley—Wallace, Shoshone county.

T. O .Boyd—Twin Falls, Twin Falls county.

G. M. Waterhouse—Weiser, Washington county.

President's Address.

The President, Dr. E. W. Kleinman, of Hailey, then read his annual address. The doctor discussed the subject of reciprocity in medical licensure, going into the subject deeply, and ably supporting his position in favor of reciprocity between all states complying with the Idaho standard of qualifications. He urged the association to adopt a resolution favoring such reciprocity that the position of the members of this association might be known to other states and to the law-makers of this state. The Doctor also urged the members to encourage and support the American Medical Association in their effort to supply the profession with a reliable and ethical Medical Directory; and further recommended that this association take steps to secure a provision in our medical laws which will require the governor to make appointments to the State Board of Medical

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Examiners from a list of eligible names to be recommended by the Idaho State Medical Association.

On motion of the Secretary, Drs. J. L. Stewart, George Collister and J. M. Taylor were made a committee to report on the recommendations of the President in his address.

The special committee on applications for membership reported favorably on the names of Drs. A. R. Soderquist, R. E. Smith, and R. A. Walker, and, on motion, they were duly elected to membership in the Idaho State Medical Association and respective branch societies, subject to their receiving their Idaho licenses.

In the matter of Public Health, the following resolutions were presented and adopted:

Resolved, By the Idaho State Medical Association, that it heartily recommends to the Congress of the United States the passage of such legislation as is intended to increase the public health duties and the efficiency of the Public Health and Marine Hospital Service of the United States. To this end this association believes the powers of the service should be increased; that provisions should be made for the retirement under pay of the commissioned officers of the service, and that the salaries of said officers should be made commensurate with the Medical Corps of the U. S. Army.

Resolved, That we commend the effort made and designed to secure greater efficiency in all National Public Health Agencies, and to this end we advocate at the earliest date practical the organization of all existing National Public Health Agencies into a single National Health Department, with such improved status and increased powers as will give the Federal Government the strongest possible control over all public health interests not now effectively conserved by the respective states.

Be it further resolved, That the Secretary shall send a copy of these resolutions to the Chairman of the Committee on Interstate and Foreign Commerce of the House of Representatives; to the Committee on National Quarantine of the U. S. Senate, and to the Senators and Representatives of this state in Congress.

Report of the Secretary-Treasurer for the Year 1908.

Gentlemen: The affairs of the association continue to prosper, the membership is increasing, and the local interest in the meetings seems to show a healthy growth. Last year's meeting was exceptionably interesting and well attended, and from the number and variety of papers on the program for this meeting, I expect an even larger attendance.

At last year's meeting your Secretary was empowered to name a delegate and alternate to the American Medical Association, it being understood that I would name only those who would attend. In compliance with these instructions, I named Dr. E. W. Kleinman as delegate and Dr. F. H. Brandt as alternate. Both attended the Chicago meeting. In this connection I would suggest that our delegate to the meetings of our National Association be required to make a written report each year that this association may keep in closer touch with the transactions of the larger body.

At the 1907 meeting it was unanimously voted to hold our 1909 meeting in Seattle conjointly with the associations of Washington, Oregon and British Columbia, during the Alaska-Yukon-Pacific Exhibition, and the President and Secretary were empowered to make all necessary preliminary arrangements. It will be necessary at this meeting to temporarily

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amend our By-Laws to enable us to change the time of meeting and to provide for meeting outside of our own state. There are also a number of details to be decided, and, at the proper time, I shall ask that a committee be appointed to report on these matters to the association for final action.

Subordinate Societies.

A special committee (Drs. Stewart, Bean and Howard) was appointed last year to investigate conditions of our district societies and report recommendations to the association, but owing to their having insufficient information, and limited time at their disposal, they were unable to report before adjournment. As your Secretary does not care to assume further responsibility in certain matters pertaining to the welfare of these subordinate bodies, I would urge the association to take the matter up again at this meeting.

South Idaho District Medical Society.—President, Dr. J. A. Young, Caldwell; Vice-President, Dr. C. L. Dutton, Meridian; and Secretary, Dr. F. H. Brandt, Boise. Member on Nominating Committee, Dr. W. F. Smith, Boise.

This society reports a membership of 85; 52 of these have paid and 33 have not paid 1908 dues. Sixteen new members were elected during the year. Membership fees collected, $77.50; dues collected during the year, $232.50; paid to State Association, $139.50.

Meetings were held in Boise in January and April, and in Caldwell in July, with an attendance of 21, 30 and 27 respectively.

North Idaho District Medical Society.—President, Dr. J. F. Hurlburt, Lewiston; Vice-President, Dr. C. C. Phillips, Lewiston; Secretary, Dr. F. L. Hinkly, Lewiston.

I have had no report from this society since December 31, 1907, at which time the officers were as given above. At that time there were 32 members reported in good standing, though only six members had paid dues during the year, and only one new member had been elected. Accompanying this report was a check for $13.00 for State Association dues for year 1907. Since receiving this report, $25.00 in annual dues have been paid direct to me, which sum has been credited to account of N. I. D. M. S., pending a further report from its Secretary.

Kootenai-Bonner-Shoshone Counties Medical Society.—It is extremely gratifying to me to be able to inform you that another branch society has been recently organized in the extreme north end of the state, including the above named counties. This society has been organized in regular form, has elected its officers, selected a name, and adopted a constitution and by-laws, all in conformity to the laws of the State Association, and I recommend that this society be granted a charter and regularly taken into the State Association as a branch society. The first meeting was held at Coeur d'Alene, August 10th, 1908, and the officers elected were: President, Dr. Charles E. Sears, Wallace; Vice-President, Dr. O. F. Page, Sand Point; Secretary, Dr. John Hunt Shephard, Coeur d'Alene; member Committee on Nominations, Dr. Alex Hunter, Coeur d'Alene, with Dr. C. E. Sears, of Wallace, as alternate.

This society starts out with a membership of 20, including two new members. Amount of dues collected, $45.00. Paid to State Association, $27.00. It will be necessary for this association to take action at this meeting in the matter of pro-rating the division of funds in the treasury of the old North

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Idaho District Medical Society, preferably along the same lines as was adopted when the East Idaho District Society was organized.

East Idaho District Medical Society.—This society has had no meeting for about two years, and the members appear to have lost heart and interest, for I am not aware that any effort has been made during the past year to revive the society. I would suggest that steps be taken at this meeting to transfer the membership of this society back to the South Idaho District Medical Society. Since this society ceased to exist, I have carried the membership, those who have paid their dues, on the roll of the State Association as members at large. So far, only one member has paid his dues for 1908.

From the reports from the various branch societies, and other information at hand, I am able to compile the following facts relative to the membership of the Idaho State Association:

Number of members who have paid 1908 dues	71
Number of members who have paid 1907 dues (still owe 1908)	76
Total membership association	147
New members elected during the year	20
Members who have died	2
Members suspended for non-payment of dues	40

Condition of Funds of the Association.

To cash on hand, last year's report		$409 51
To cash received from S. I. D. M. Society	139 50	
To cash received from N. I. D. M. Society for 1907	18 00	
To cash received from N. I. D. M. Society for 1908	25 00	
To cash received from K-B-S. Counties Med. Society	27 00	
To cash received from members S. I. D. M. Society	15 00	
To cash received from members E. I. D. M. Society	40 00	
To total cash received since last report		$674 01
Cash paid out—		
By postage and express	$ 19 95	
By stationary and printing	43 15	
By telegrams and telephones	3 30	
By expenses of Dr. Hektoen	134 00	
By expenses of Dr. Bloodgood	210 00	
By fees returned to S. I. D. M. S.	25 00	
By stenographer's fees	60 00	
By hotel bill, Drs. Hektoen, Pottenger	8 20	
By incidentals	2 36	$505 96
By cash on hand, Oct. 7th, 1908		$168 05

Respectfully submitted,
ED. E. MAXEY,
Secretary-Treasurer.

Dated at Boise, October 7th, 1908.

On motion, the report of the Secretary-Treasurer was accepted and ordered placed on file.

Report From the Council.

At a meeting of the Council of the Idaho State Medical Association held on the evening of October 7th, 1908, with Drs. E. W. Kleinman, Ed. E. Maxey, Jas. L. Stewart, R. L. Nourse, J. A. Young (by G. H. Coulthard, proxy), and J. C. Woodward (by W. F. Howard, proxy) present, the following transactions were had:

(1) Endorsement of the public health resolutions and recommending their adoption by the State Association.

(2) In the matter of holding our 1909 meeting at Seattle, Wash., con-

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jointly with the associations of Washington, Oregon, and British Columbia, it is recommended that the association favor July 19 or July 20 as a provisional date; that at least a four days' session, preferably five or six days, be held, with daily sessions beginning at 9:30 A. M. and continuing until 1:30 P. M., and one or more night sessions; that each association provide for its own business or executive meeting, at any time not in conflict with the scientific and general sessions; that the general scientific sessions be divided into three sections, Medicine, Surgery, and Eye-Ear-Nose-Throat; that the program committee be composed of the President and Secretary of each association, and that this program committee meet at some convenient time and place to arrange program, designate presiding officers, and settle all other details pertaining to the proposed meeting.

(3) In regard to proposed medical legislation, it is advised and recommended that no special effort be made at the coming session of the legislature to amend the medical law, but that the association, through its legislative committee and otherwise, cooperate with the State Board of Medical Examiners in an effort to educate first the profession and then the people as to the needs of the state concerning further and better medical legislation, to the end that a united effort may be made before the legislature of 1911.

On motion, the report and recommendations of the Council were approved and adopted by the association.

Proposed Temporary Amendment to By-Laws of the Idaho State Medical Association, Presented Last Year.

It is proposed that Section 1, Article V, of the By-Laws of the Idaho State Medical Association, that part of it relating to time and place of meeting be suspended until after the 1909 meeting, for the purpose of allowing this association to meet in joint session with the associations of Washington, Oregon and British Columbia, at Seattle during the Alaska-Yukon-Pacific Exposition.

On motion, the above proposed temporary amendment to By-Laws was declared adopted.

The President appointed a special committee composed of Drs. J. L. Stewart, G. H. Coulthard and J. M. Taylor, to investigate and report on our district medical societies.

Surgery of the Kidney, With Report of a Case.

The first paper, by Drs. G. H. Coulthard and C. M. Cline, of Idaho Falls, was read by Dr. Coulthard. With few exceptions, the doctors said, pathological conditions of the kidney are now accepted as being surgical conditions. In all kidney surgery, however, the preservation of normal tissue is important because of the high death rate following removal of excreting kidney substance, and for this reason they thought renal plastic surgery had a prominent future, particularly in cases of hydronephrosis and pyelonephrosis. All cases of renal calculi must be treated surgically, for we have no means of dissolving the stone. In cases of floating kidney, if the individual is suffering no distress or has no important urinary changes, a nephropexy is not indicated. The indications (after Ferguson) for nephropexy were given and technic of operation described. Tuberculosis of the kidney should be treated by radical surgery only, and quoted extensively from Howard Kelly to substantiate their position. They mentioned the cystoscope, ureteral catheterization, the segregator, examination of urine for tubercle bacilli, and the X-ray as use-

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ful helps in diagnosis of this condition.

They reported a case of hypernephroma in a girl 3 years old, upon whom they operated successfully last May.

Discussion.

The discussion on this paper was opened by Dr. A. A. Higgs, who laid particular stress on the importance and difficulties of arriving at an early and correct diagnosis in these kidney cases.

Dr. L. P. McCalla thought the subject of diagnosis most important because we have to deal with surgical conditions which should be recognized and treated early. Hematuria in the majority of cases indicates either tuberculosis, hypernephroma, or stone. Catheterization of ureters is difficult and should be performed only by an expert. Segregation is easier done, but it is not so reliable. He reported two cases, seen recently, of hypernephroma, where the tumor was very large and firmly adherent. Operation was attempted in one and abandoned because of the firm adhesions, and he was of the opinion that operation was usually quite difficult in these larger growths on that account. The diagnosis of tuberculosis of the kidney was often quite difficult. Examination of the urine is unsatisfactory and often unreliable on account of the presence of smegma bacillus. The use of tuberculin may help in a general way, but it does not localize the lesion.

Dr. C. N. Suttner said the authors had presented a most interesting paper. He would not attempt to discuss the paper, but rather add to it by reporting four unusual cases recently seen by him. One was a hydronephroma of gonorrhoeal origin, which was treated by simple incision. In another case he found a unicystic growth of the kidney, which he did not remove. A third case was one of hematuria without other symptoms to indicate cause or source of hemorrhage, and a very difficult case to diagnose. Succeeded in catheterizing the ureters, and from information thus gained diagnosed tuberculosis of one kidney, which he removed. The fourth case was due to injury, the patient falling some distance onto a derrick fork. There was no external wound, but very bloody urine. On operation found lacerated kidney, the renal artery being torn. Repaired injury to kidney and patient recovered. Said he had found it very difficult to get satisfactory pictures of renal stones with X-ray. In regard to floating kidney, thought this quite generally associated with a general ptosis of abdominal organs, the casual element of which was chiefly psychic. He cited a case where fright was followed by the condition known as Glenard's disease.

Dr. B. F. Campbell said that the statement by the authors that nephritis in other kidney was not a contraindication to the removal of the other kidney if tuberculous, was too broad and should be modified.

Dr. J. M. Taylor, referring to the case reported, asked what was condition of the tumor, and whether it was very vascular or adherent.

Dr. Coulthard, in closing the discussion, said there was some outline of the kidney substance yet remaining and that the tumor was very vascular and quite adherent. As to removal of tubercular kidney where the other kidney shows nephritis, he thought there was an even division of opinion among authorities, and the procedure be governed in each case by the patient's condition.

An adjournment was then taken to 2 o'clock P. M.

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First Day—Afternoon Session.

The association reconvened at 2 P. M., with President in chair.

The Social Evil and Some Effective Methods of Dealing With It.

This paper was read by Dr. C. L. Dutton, of Meridian, who said that child-labor, methods of factory employment, the wages of clerks (female), and our divorce and matrimonial regulations were all factors in the social evil. Prostitution, in his opinion, cannot be suppressed, it being better to keep these people together but away from society, and by proper laws enforce sanitary conditions. Every case of venereal disease should be reported, for publicity is one of the remedies for our social evil. As family physicians we are in a position to educate the young people and their parents in regard to this evil. Every father should demand that the young man who asks for his daughter be physically clean.

The boy and girl must be properly educated and advised during the receptive period of adolescence. This is the duty of the parents, but it is the physician's duty to see that the parents are properly instructed. The essayist believes that the remedy for this social evil is the understanding of boys and girls, and that many a life tragedy with the misunderstanding of the boy or girl at period of adolescence.

Discussion.

Dr. J. W. Gue opened the discussion and spoke of the uselessness of medical examinations of prostitutes. He thought, too, that regulation of these people was almost impossible where our laws will not allow us to even recognize the existence of prostitution, but prohibition, in his opinion, can be made fairly complete.

Dr. T. D. Tuttle emphasized the difficulties in the way of properly educating the people. Before we attempt to educate the people, the weaklings of our race should be properly treated, for example, those well known conditions of the eyes, ears, nose and throat, then we are in a position to try to educate the people, and we will come nearer controlling prostitution and its evil consequences.

Dr. Dutton insisted that the parents should be educated and that they are best fitted to instruct their children. He considered prostitution a condition which could not be prohibited.

Suggestive Therapy in the Early Months of Pregnancy.

Dr. C. N. Suttner, of Walla Walla, Wash., the author of this paper, spoke of the value of suggestive therapy and the evil effects of suggestion by imprudent friends. Most of these cases are more sick morally than physically, and the utmost tact and skill is required in their treatment. He found suggestive treatment of great benefit in dispelling the horrors of motherhood, in relieving the psychoses of the early months of pregnancy, in leading many young to-be-mothers away from the criminal abortionist, and from false ideals of married life, and in the relief of vomiting of pregnancy. We have to continually dissipate prejudices, tone up our patients by encouragement, often by seriousness and pleasantry. When we dissipate fear, sorrow, and apprehension from the heart of the pregnant mother, and substitute a smile, we do more toward helping her bear the ordeals of motherhood than the perfunctory distribution of medicines. The inculcation of fear (bluff) may work in a few cases, yet a vast majority yield more to kindness, gentleness and persuation.

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Discussion.

Dr. Jacob Prinzing opened the discussion. He said he heartily endorsed the principles emphasized by Dr. Suttner. Diminution in the birth rate is not, however, due to the women themselves, but to the conditions of society. Our present day society compels men and women to subdue their passions during the best part of their lives, their sexual lives. Young men and women are not allowed to marry until too late in life. Parents are prone to discourage the young woman from thoughts of matrimony, and when she does get married the young wife's mother is very apt to advise against having children. Go into these homes and you will nearly always find a book, full of things to scare and discourage a prospective mother. The medical profession should publish a book of information and advice to young women. The physician should encourage and educate the parents, and the parents should teach their children. If we educate the parents we will have no trouble with the girls.

Dr. H. W. Coe, of Portland, said he arose to thank Dr. Suttner for his very excellent paper. He approved, in matters of this kind, of calling a spade a spade. The paper was fearless and thrilling. He said he could not account for it, but there seemed to be something in a man that under certain conditions will prompt him to do an abortion. There is often a very strong temptation to help a woman out of her trouble. But this form of treatment was not necessary. If we give them good advice and utilize a little psychic influence, many unborn infants can be saved to useful lives. Insanity in the pregnant woman is the most promising type of insanity to treat, but it should not be treated as other forms of insanity are treated. Don't make the mistake of sending these women to an asylum. They will recover shortly, and if they find themselves in an asylum you will have done that woman a great moral injury.

Dr. J. J. Hamilton thought it a most abominable fact that society women, even workers in the church, will come to us with pitiful tales of woe, and ask us to do abortions.

Dr. J. W. Gue said one trouble was that the people know who these professional abortionists are, and not only consult them but protect them from legal prosecution. It is very difficult to convict a professional abortionist. He does these things daily and is never prosecuted unless a patient dies, even then it is hard to convict. But let the family physician be tempted to do these things and he gets into all kinds of trouble.

Dr. Suttner, in closing, said he thought it no sin to safely pilot a mother through the first three months of pregnancy. This great moral educational influence is upon us. The minister is afraid to speak on account of the effect it might have on society and—the collection. The old Mosaic law is not taught any more. We physicians must do this. He said he appreciated most heartily the approving words of Dr. Prinzing and Dr. Coe. Yes, a book should be written by the profession, the right kind of a book, but who would write it without doing so to advertise himself more than benefit womankind.

Symposium on Rocky Mountain Spotted (Tick) Fever.

The Clinical Phases of Rocky Mountain Tick Fever.—By Drs. J. L. Stewart and W. F. Smith, of Boise. This paper was read by Dr. Smith. After giving Dr. Ed. E. Maxey, of Boise, credit for first describing the symptoms of this disease (Medical Sentinel,

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October, 1899), the authors stated that the disease usually begins with general malaise, chilly sensations, occasionally a distinct chill, and general stiffness and soreness all over the body, especially in the back and lower limbs. Occasionally they have headache and nose-bleed. Tongue coated with white fur, later becoming brown, dry, cracked in middle, with moist edges. Constipation usually obstinate. Fever of continuous type, ranges from 100 F. to 104 or 105 F. Eruption appears in three to five days, usually first on back, ankles and wrists, spreading gradually to limbs and body, and palms of hands and soles of feet. Late in disease eruption may be seen in mouth and throat. Eruption at first is red maculae, gradually becoming darker to brownish, then hemorrhagic. Appears in successive crops and coalesce and become blotchy, often forming large hemorrhagic areas. Delirium is frequent, the spleen is enlarged, bronchitis is frequent, with tendency to pneumonia in alcoholics, and in severe cases apt to have semicomatose condition. Pulse slow and full; urine scant, high colored, occasionally hematuria, rarely albuminuria. Blood examination shows debris of broken down r. b. c. and iron pigment, slight leucocytosis, hemoglobin reduced sometimes as much as 50 per cent.

Complications noted; sloughing of scrotum, palate and pharyngeal mucous membrane, bronchitis, intense intoxication, cardiac dilitation, acute mania, and in later stages in aged may have cyanosis. Period of incubation five to seven days. Mortality probably 5 to 10 per cent.

Rocky Mountain Spotted (Tick) Fever; With Special Reference to Casual Factors, Mortality and Geographical Distribution in Idaho. By Dr. Ed. E. Maxey, of Boise. From information received from 95 physicians of the state, from the State Immigration Commissioner, the State Auditor's Office, the State Live Stock Commission, and othe reliable sources, the following statistical information is compiled:

1. There are approximately 375 cases of spotted fever in Idaho yearly.

2. Ticks are reported found in every county except Latah. The ordinary wood tick seems to be the prevailing species.

3. Rabbits, gophers, coyotes, ground squirrels, badgers, and chipmunks are found in abundance over entire spotted fever area.

4. Horses and cattle are found in large numbers in all counties.

5. Practically all sheep are fed, sheared, lambed, and grazed only in the fifteen lower counties.

6. At least 38 per cent, probably more, of cases occur among sheep herders or those handling sheep; 35 per cent occur among those leading an outdoor life; 8 per cent were miners or prospectors; 6 per cent stockmen; 5 per cent farmers.

7. All ages and both sexes are attacked, if exposed to infection.

8. History of tick-bite has been found in 81.5 per cent of the Idaho cases where observation was made.

9. Seventy-one per cent of the physicians who have treated spotted fever accept the tick-bite theory as method of infection, 29 per cent had no theory or thought it due to contaminated water.

10. A very great majority of the cases occur in April and May.

11. The chief complications are meningeal irritation, pneumonia, nephritis, cardiac weakness, and gangrene of skin.

12. Death rate varies from 3.8 to 11.4 per cent. Average mortality, 4.8 per cent.

13. The principle infected areas of the state are in Washington, Canyon,

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Ada, Elmore, Blaine, Lincoln, Cassia, Oneida, and Bannock counties; less frequently found in Boise, Owyhee, Twin Falls, Bear Lake, Bingham, Fremont, and Custer counties, very rarely in Kootenai county.

In his conclusions, Dr. Maxey emphasized the marked similarity in geographical distribution of spotted fever and the areas of the state occupied by the sheep industry. And in view of our present knowledge of relations of tick to this disease, he explains this relation by one or two conditions: (a) Either the sheep, sheep dog, horse, jack rabbit, gopher, ground squirrel, chipmunk, coyote, or badger, any or all of them, may be subject to spotted fever in nature, the tick becoming inoculated by feeding on the sick animal, and then carrying the infection to man; or (b) great numbers of female ticks are infected by man during the spotted fever season, and, through their progeny, carry the infection over to the following spring. In either case the sheep, dogs, and horses may act only as common carriers or distributors of the infected ticks.

Recent Investigations of Rocky Mountain Spotted (Tick) Fever in Montana and Idaho. By Dr. H. T. Ricketts, of the University of Chicago.

He said that prior to April, 1908, his investigations had demonstrated (1) that the character of the disease is a generalized invasion of the body by an as yet unrecognized and uncultivated micro-organism, as evidenced by his ability to reproduce the disease in guinea pigs or monkeys by injecting patient's blood serum or by the bite of a tick, and by maintaining the disease in these animals by methods of passage. Also that disease is exclusively an acute infection and recovery is followed by immunity; (2) that the disease is transmitted to man by the bite of a tick, the life history of the tick and its various relations to the disease were also definitely determined, and (3) from the accurate knowledge thus obtained certain preventive measures have become manifest, that is, avoiding infected localities in the spring, individual precautions if compelled to visit infected areas, and measures to decrease the number of ticks, by oiling domestic animals and clearing off sage brush and timber and destruction of rodent animals.

In the spring of 1908 he examined several Idaho cases and found clinical features of Idaho disease similar to that of Montana, and he succeeded in inoculating guinea pigs from these patients. At the same time guinea pigs immune to the Montana disease were inoculated, with negative results, thus quite conclusively demonstrating identity of disease in the two states, the Idaho strain being apparently much milder. In May, 1908, he began experiments through which he has demonstrated that what seems to be the prevailing tick near Boise and Mountain Home, is capable of acquiring and transmitting spotted fever, and that the Idaho tick can acquire and transmit the Montana spotted fever. He also tentatively demonstrated that the Montana tick may acquire and transmit the Idaho disease.

In his Montana experiments this year he has demonstrated that the gopher, ground-hog, chip-munk, rock-squirrel, and mountain rat were susceptable to spotted fever, and further that these animals may be sick with spotted fever and yet shown no clinical features of the disease as does the guinea pig. It is yet to be demonstrated what other animals are susceptible to the disease, and what animals, if any, actually suffer from the disease in nature. He thought the dif-

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ference in virulence of the Idaho and Montana cases might be explained either through the difference in variety of tick or a difference in the animals which act as tick hosts in the two states. This and many other important features yet remain to be worked out.

Some Indications for State Control of Rocky Mountain Tick Fever. By Dr. T. D. Tuttle, Secretary of the Montana State Board of Health. He said that the disease first appeared in Montana in spring of 1885, since which time number of cases have gradually increased, with a death rate of 60 per cent to 90 per cent. Disease probably appeared in Idaho before it did in Montana and infection very likely extended from Idaho to Montana. Disease is also found in Washington, Oregon, Wyoming, and Utah. Dr. Emil Starz, of Helena, made first scientific study in 1901 by examining soil and water of infected region, with negative results. In 1902 Wilson and Chowning were employed by Montana Board of Health to study disease. Their findings are now well known. In 1903 Anderson was able to corroborate findings of Wilson and Chowning. In 1904 Stiles made extensive studies but was unable to confirm findings of Wilson and Chowning and Anderson, and in 1905, Francis' studies were entirely negative. In 1906 Drs. Ricketts and King took up the work. Both succeeded in inoculating guinea pigs, and transmitting disease from guinea pig to guinea pig through the bite of tick. Neither was able to find the hematozoa described by Wilson and Chowning. The life history of the tick was studied by Ricketts, and infected ticks found in nature. Various other experimental studies by Ricketts were cited, with the final conclusion that whether the tick is entirely responsible for the disease or whether it secures the infection from some animal, is still a subject for state investigation. This work of further investigation should be continued by competent men of national reputation, and at public expense of all states infected with the disease. To fight the disease we must eliminate the tick from inhabitable districts. This is probably best done by clearing off and settling the land for agricultural purposes, and in some localities by oiling all domestic animals.

Discussion.—The discussion on the above spotted fever symposium was opened by Dr. J. R. Numbers, of Weiser, followed by Drs. L. P. McCalla, J. J. Hamilton, J. M. Taylor, W. H. Tukey, O. W. Hall, G. H. Coulthard, Ed E. Maxey, H. T. Ricketts, W. F. Smith and T. D. Tuttle. (See reprint of Symposium for complete report of dicussion.)

On motion, a vote of thanks was tendered to the doctors who participated in this symposium.

The association then adjourned to partake of a dinner tendered by the physicians of Boise, and prepared by the ladies of the Episcopal Church.

(Concluded in December issue.)

WASHINGTON PERSONALS.

Dr. O. A. Flannagin, of Logansport, Indiana, will locate at Davenport, and occupy the residence and office of Dr. G. W. H. Moore, which was bought by Dr. Snyder for him.

Dr. A. D. Snyder, of Creston, bought the beautiful residence of Dr. H. J. Whitney, of Davenport, and will move there December 1st. Dr. Whitney will move to his home at Cashmere, and continue his practice, and will also look after his large orchard.

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Book Reviews

Diseases of Children. By William Nelson Mundy, M. D., Professor of Pediatrics in the Eclectic Medical Institute, Cincinnati, O. Second revised edition, illustrated, 8-vo., 512 pp. Cloth, $3.00. The Scudder Brothers Co., Publishers, Cincinnati, Ohio.

Several new sections have been added to this work, since the first edition was issued, and much of it has been practically rewritten. Some conditions, not considered in the first edition, have been added, and illustrations to make the text clearer. The author has sought to produce a book on diseases of children based upon the Eclectic system of therapeutics. The work is very exhaustive, and there is scarcely a disease that is liable to attack childhood which is not dealt with in these pages.

Diseases of the Skin. By A. H. Ohmann-Dumesnil, A. M., M. D., formerly Professor of Dermatology and Syphilology in the St. Louis College of Physicians and Surgeons, etc. Third edition. 140 original illustrations. St. Louis: C. V. Mosby Book & Pub. Co., 1908.

This is intended as a practical guide to the easy recognition of skin diseases, as well as to their successful treatment. The remedies which have been recommended are such as may be found in every practitioner's armamentarium medicinorum. The author has sought to furnish in a clear, concise manner just that information which is most desired by medical students and general practitioners. Very few exotic cutaneous affections have been taken into consideration, but the more common dermatoses of daily occurrence, and which are most frequently observed are dealt with in this volume. It will be found of great value to the practitioner.

The Cure of Rupture by Paraffin Injections. By Charles C. Miller, M. D. Published by the author, 70 State Street, Chicago. Prepaid, $1.00.

The author of this little book is aware that considerable opposition exists to his theories but notwithstanding the censure this method of treatment has received from various surgeons, he insists that results justify his work. His contention is that paraffin has a tendency to promote the formation of connective tissue and in hernial cases there is invariably a state of the parts which will be benefitted by the throwing out of connective tissue in the neighborhood of the deficiency which gives passage to the hernial contents. Besides this production of the connective tissue, the occlusion of the hernial sac and glueing together of the walls of the hernial canal, the plugging and supportive action of a material like paraffin is likely to be in a measure useful, as the paraffin does not lie in the tissues as a single mass, but is traversed by trabeculae of connective tissue. The author gives ten case reports which tend to sustain his theories.

A Manual of Diseases of the Nose and Throat. By Cornelius G. Coakley, M. D., Clinical Professor of Laryngology in the University and Bellevue Hospital Medical College, New York. New (4th) edition, 12mo., 604 pages, with 126 engravings and 7 colored plates. Cloth, $2.75 net. Lea & Febiger, Publishers, Philadelphia and New York, 1908.

Nothing delights an author more

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than to be called upon by his publishers to revise his work, because of the demand for another edition. This demand on Prof. Coakley has been made three times, and this, the fourth edition, is the result of his latest efforts. Each article in the third edition has been carefully considered and changes made to conform to the advances in diagnosis and treatment. The technique of the radical operations for Chronic Diseases of the Accessory Sinuses has been more fully described than in previous editions. The object of the author has been to provide a compact manual answering the needs of both students and practitioners. Special attention has been devoted to such practical subjects as Examination, Diagnosis and Treatment. Guidance is offered as to microscopical and bacteriological investigations that will be of great value to the student. The author has selected from among the multiplicity of medicinal and operative measures those which, in his judgment, are the best, and full details are given for the benefit of those who have not had the advantage of personal clinical instruction. A special chapter devoted to Therapeutics has been added, wherein will be found a classification of drugs, according to their local actions, and a number of useful prescriptions, together with indications for their employment.

Pathogenic Micro-Organisms, Including Bacteria and Protozoa. A Practical Manual for Students, Physicians and Health Officers. By William H. Park, M. D., Professor of Bacteriology and Hygiene in the University and Bellevue Hospital Medical College, New York. New (third) edition, thoroughly revised and much enlarged. Octavo, 648 pages, with 176 illustrations and 5 full-page plates. Cloth, $3.75, net. Lea & Febiger, Philadelphia and New York, 1908.

The work of Professor Park was the first one to cover all diseases caused by micro-organisms. The need for it and the acceptable way it supplies that need may be seen in the demand for three editions. In a subject of such intense activity, growth is very great, and accordingly the changes in this new edition are extremely thorough going. Like its predecessors it is intended to answer the needs of students and physicians to cover the whole subject of pathogenic micro-organisms from both standpoints. The necessity for a new edition can be recognized when it is remembered that such objects as the opsonic index, the bacteriology of the normal intestines, and the elimination of the non-antitoxic substances in protective sera were thought of little importance three years ago. These and many other subjects which have increased in interest, are fully considered in this work.

Genito-Urinary Diseases and Syphilis. By Edgar G. Ballenger, M. D. Lecturer on Genito-Urinary Diseases, Syphilis and Urinalysis, Atlanta School of Medicine; Editor Journal-Record of Medicine; Genito-Urinary Surgeon to Presbyterian Hospital, Atlanta, Ga. With 86 illustrations. 276 pages. Price, $3.00, prepaid. E. W. Allen & Co., Atlanta, Georgia.

The author, believing that most of the works published on this subject are, on account of their minute detail, not all that is wanted by the student and general practitioner, has sought to give a work that would contain all the fundamental principal requires, and at the same time enter into sufficient detail when considering matter of prime importance, without giving so large a volume as most authors have considered necessary.

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He gives the result of his close study of recent literature on the subject, wherever it seems to accord with his own experience and that of recognized authorities. The writer has published a good deal on the subject contained in this book, chiefly in medical journals, and he has drawn from these articles where he has deemed it desirable. It promises to be of much value to the profession.

High-Frequency Currents. By Frederick Finch Strong, M. D., Instructor in Electro-Therapeutics at Tuft's College Medical School, Boston. With 183 Illustrations in the Text. Cloth, price, $3.00 net. New York: Rebman Company, 1123 Broadway.

It is a truism to state that there is an immense amount to be learned concerning the therapeutic value of electricity. For years the world has groped in the dark along these lines, and occasionally a ray of light has shot forth, and valuable information has been gleaned after long and disappointing experiments. The author of this valuable work states that "science informs us that all natural phenomena result from vibration in a medium of a primitive nature, which appears to be nothing more nor less than Electricity. All forms of force, from the attraction of the sun for the earth to the vital phenomena of the human organism, are fundamentally Electrical Vibrations." He claims that "the high frequency currents are electrical vibrations, artificially produced, which bear a certain relation to the currents which traverse the nerves in the maintenance of life in the human body. Being vibrations, rather than flowing streams of electrical particles, the high frequency currents penetrate glass as readily as a sound wave would traverse a plate of metal, and pass through the human organism without producing the slightest sensation." The writer has spent a great deal of time during the past decade in clinical laboratory study of the various types of high frequency currents; he has treated hundreds of cases and recorded many important facts, which are given to the profession for the first time in this volume. The work will be studied with great interest by every practitioner into whose hands it falls.

What Are Your Boys and Girls Reading?

They are bound to read something. They will read trash unless you give them something better that is equally interesting. Try The Youth's Companion. There is plenty of adventure in the stories, and the heroes and heroines are of the real kind, finding in the line of duty opportunity for courage and unselfishness. More than 250 such stories will be published in the 52 issues of the new volume for 1909. There will be fully as many articles, sketches and reminiscences to impart useful information in the most agreeable way, familiarizing The Companion's readers with the best that is known and thought in the world.

Full illustrated Announcement of The Companion for 1909 will be sent to any address free with sample copies of the paper.

The new subscriber who at once sends $1.75 for 1909 (adding 50 cents for extra postage if he lives in Canada) will receive free all the remaining issues of 1908, besides the gift of The Companion's Calendar for 1909, entitled "In Grandmother's Garden," lithographed in 13 colors.

The Youth's Companion, 144 Berkeley Street, Boston, Mass.

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Another instalment of the lively personal, literary and political reminiscences which Henry W. Lucy (Punch's "Toby, M. P.") is contributing to The Cornhill under the title "Sixty Years in the Wilderness," is printed in The Living Age for October 17.

Professor Simon Newcomb's article on "The Problem of Aerial Navigation," which The Living Age for October 24 reprints from The Nineteenth Century is an exposition at once scientific and popular, of the possibilities and the limitations of the airship.

OBITUARY.

Dr. Byron L. Stevenson.

The death is announced of Dr. Byron L. Stevenson, of Coulee City, who died on the 15th ult., at his home, from typhoid fever. Dr. Stevenson went to Coulee City about three years ago, where he had since practiced. The Doctor was a graduate of the Northwestern University Medical School, Chicago.

Dr. T. D. Ferguson, of Colfax.

The death is announced of Dr. T. D. Ferguson, of Colfax, Wash. The doctor was a graduate of the Medical Department of the University of Tennessee, having graduated there 34 years ago. He was highly respected in his community. The doctor was ill for three months. He is survived by a widow and one daughter. He had been a resident of Colfax for 15 years. He was 53 years old.

Doctor J. H. Owings.

The death occurred the latter part of September of Doctor J. H. Owings, of Livingston, Mont. The doctor died at St. Paul, while en route from Rochester, Minn., to his home. Dr. Owings was one of the old-timers of his profession in Montana, having graduated in 1861, and who lived for a number of years at Deer Lodge. The Doctor leaves a widow and two daughters.

Dr. William R. Kellogg.

Dr. William R. Kellogg, of Seattle, died on October 14th at the Seattle general hospital. The Doctor had been dangerously ill for three months. A chronic ailment resulting from an acute attack of intestinal trouble during the Spanish-American war was the direct cause of his death. Dr. Kellogg had been intensely interested in the subject of tuberculosis and made that branch of medical science his particular study. He was secretary of the Washington Association for the Prevention and Relief of Tuberculosis. He was city bacteriologist, the authorities recognizing his special fitness for the position. Dr. Kellogg leaves a widow and other relatives.

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Personal

Oregon.

Dr. E. R. Todd has moved from Adams to Portland.

Dr. Neil O'Leary has opened new offices in Woodburn.

Dr. P. J. Bartle, of Eugene, took a trip North last month.

Dr. Chas. E. Linton, of Astoria, has sold his store building.

Dr. C. T. Bacon, of La Grande, was a Portland visitor recently.

Dr. George Wall, of Eugene, had a call to Junction last month.

Dr. E. R. Hunlock, of Heppner, had a call to Fossil last month.

Dr. W. G. Cole, of Pendleton, attended the Walla Walla fair.

Dr. J. M. Holt, of Astoria, was a Portland visitor last month.

Dr. F. B. Kistner, of Heppner, was a Portland visitor last month.

Dr. J. E. Hall, of Portland, took a trip last month to Clatskanie.

Dr. T. I. Marks, of Halsey, was a visitor in Albany last month.

Dr. F. E. Selover, of Eugene, was visiting in Portland last month.

Dr. R. S. D'Armond, formerly of Medford, has moved to Ashland.

Dr. D. W. Ward has left Forest Grove and moved to North Bend.

Dr. F. J. Ziegler, of Portland, visited old friends in Eugene last month.

Drs. Sether & Stewart have removed from Glendale to Roseburg.

Dr. and Mrs. Wm. H. Dale, of Harrisburg, went to Eugene last month.

Dr. B. F. Scalefe, of Eugene, has returned from his vacation in California.

Dr. John M. Kitchen, of Stayton, has been seriously ill, but now is improving.

Dr. J. A. Geisendorffer had a pleasant trip to the mountains last month.

Dr. W. T. Rowley, of Corvallis, returned home with a bride last month.

Dr. T. F. Campbell, formerly of Richland, has located at Central Point.

Dr. W. O. Prosser, of Eugene, made a business trip to Cottage Grove last month.

Dr. J. W. Ransom, of Turner, went to Salem on professional business last month.

Dr. M. K. Hall, of La Grande, was called in consultation at Pendleton last month.

Dr. Esther Pohl, of Portland, spent two weeks fishing near Medford last month.

Dr. J. S. Bishop, of Forest Grove, has returned from his eastern trip of two months.

Dr. H. P. Hargrave, of Medford, has returned from a trip to Sonoma County, Cal.

Dr. Roger Biswell, of Haines, has gone East to take a post-graduate course.

Dr. Geo. H. Merryman, of Klamath Falls, recently purchased a new residence lot.

Dr. Edgar O. Dutro, of Hood River, was the victim of a runaway accident last month.

Dr. and Mrs. H. L. Henderson, of Astoria, spent a few days in Portland last month.

Dr. J. D. Plamondon, mayor of Athena, was a visitor in Pendelton last month.

Dr. V. C. Belknap, of Prairie City,

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has just made final proof on a timber land entry.

Dr. Jas. B. Olmstead, of Portland, is establishing a Salt Air Santitarium at Waldport.

Dr. and **Mrs. Leo Chilton** have removed from North Powder to Idaho Falls, Idaho.

Dr. S. F. Sharp, of Athena, has had some substantial improvements made to his residence.

Dr. Clara Reames, of Astoria, visited her father last month at Shepherd's Mineral Springs.

Dr. and **Mrs. A. L. Richardson,** of Lr Grande, spent three weeks in Portland last month.

Dr. E. V. Hoover and wife, of Roseburg, were in Portland for several days last month.

Dr. George E. Houck, of Roseburg, was called to Rustin to treat a patient last month.

Dr. D. G. Clark, of Silverton, spent a week last month hunting deer in Southern Oregon.

Dr. E. B. McDaniel, of Baker City, spent three weeks last month hunting in the mountains.

Dr. John A. Tyler, of Denmark, Curry county, has moved to Smith River, California.

Dr. Nellie Smith-Vernon, of Astoria, had a pleasant outing at Bridal Veil Falls, last month.

Dr. and **Mrs. H. L. Henderson,** of Astoria, were calling on their Portland friends last month.

Dr. J. M. Holt, of Astoria, has returned to his duties at the Federal Quarantine Station.

Dr. and **Mrs. A. L. Richardson,** of La Grande, had a two weeks' vacation in Portland last month.

Dr. and **Mrs. F. W. Vincent,** of Pendleton, gave a dinner party to friends last month at their home.

Dr. D. H. Rickard, of Sherwood, took a two weeks' vacation last month in the Coos bay country.

Dr. F. R. Bowersox, of Ashland, has been visiting in Klamath county, with a view of locating there.

Dr. W. H. Davis, of Albany, spent two weeks with his family at Newport the latter part of September.

Dr. Henry A. Dedman and wife have gone to Chicago, where the Doctor will take a three months' post-graduate course.

Dr. Robert H. Ellis, of the Corbett building, will hereafter limit his practice entirely to obstetrics and gynecology.

Dr. J. T. McCormac, of Marshfield, has been unanimously re-elected president of the Marshfield Chamber of Commerce.

Dr. and **Mrs. R. J. Pilkington,** of Astoria, thoroughly enjoyed their trip to Portland and other points in the Willamette Valley.

Dr. H. E. Beers, of Wasco, has returned from attending the International Congress on Tuberculosis, at Washington, D. C.

Dr. J. A. Fulton, of Astoria, went to Walla Walla, last month with his daughter, who is a student at the Whitman College.

Dr. Ed. Bennett, of Monroe, has returned home after two weeks hunting expedition in Southern Oregon. He reported plenty of game.

Dr. J. A. Best, of Pendleton, likes farm life so much that he promises to stay at his farm near Klamath Falls permanently after next spring.

Dr. Chas. E. Linton, of Warrenton, was in Pendleton last month confer-

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ring with the county court on the condition of the roads in his district.

Dr. Geo. L. Biggers, of La Grande, went bear hunting last month and was successful in securing a brown bear that measured over eight feet long.

Dr. Jessie M. McGavin, of Portland, returned last month from a tour of Europe. She spent most of her time in Vienna, and visited France, Switzerland and Great Britain. She told a reporter on her return that she saw no more beautiful city than Portland.

Dr. Harry H. Start and wife, of this city, have departed for an extended trip abroad. Their itinerary includes Dublin, London, Berlin, Vienna, New York, etc., at which points Dr. Start will take work in gynecology and obstetrics. He expects to return to Portland in two or three years to practice his specialty.

Dr. Samuel C. Slocum and wife, of Portland, have sailed from San Francisco for Europe on the six-masted barkentine Everett G. Griggs. Captain Delano, master of the vessel, is the father of Mrs. Slocum. It is the intention of Dr. Slocum to spend a year in Europe in post-graduate work in medicine.

Washington.

Dr. A. R. Lundgren, of Spokane, has moved to Lind.

Dr. I. N. Power, of Cle Elum, has returned to his practice.

Dr. W. L. Freeman has removed from Lind to Stevenson.

Dr. W. C. Cardwell, of Pomeroy, has decided to move to Colfax.

Dr. Frank L. Wood, of Toledo, visited at Little Falls last month.

Dr. W. M. Beach, of Shelton, went on a hunting trip last month.

Dr. and Mrs. L. L. Love, of Tacoma, attended the North Yakima fair.

Dr. H. E. Cleveland, of Burlington, has moved into a new residence.

Dr. and Mrs. E. M. Adams, of Arlington, visited in Portland last month.

Dr. and Mrs. Mauzy, of Spokane, visited relatives at Walla Walla recently.

Dr. J. W. Gearhart, of White Salmon, has returned from a trip to California.

Dr. C. Gilchrist, of Wenatchee, was in the hospital last month with appendicitis.

Dr. B. E. Hoye, of Auburn, went on a hunting trip last month and killed a deer.

Dr. R. S. Johnson and family, of Pomeroy, have returned from their eastern trip.

Dr. Clarence Henderson, of Lind, has moved into new offices over the First National bank.

Dr. N. G. Blalock, of Walla Walla, has formed a partnership with Dr. C. E. Montgomery.

Dr. J. J. Lunz, of Odessa, was called into the Moses Lake country recently to see a patient.

Dr. and Mrs. F. H. Luce, of Davenport have returned home after several weeks' absence.

Dr. J. J. Howell and family, of Albion, have gone to Nashville, Tenn., for an extended visit.

Dr. and Mrs. W. T. Schwabland have moved from Loomis to White Bluffs, on the Columbia River.

Dr. A. E. Braden, of Walla Walla, has returned from his trip east, where he took a course of special lectures.

Dr. and Mrs. A. E. Braden, of Walla Walla, have returned home after several weeks' visit in the eastern states.

Dr. G. W. H. Moore, of Davenport, took a vacation on the west side of

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the mountains, the first time for several years.

Dr. D. O. Kearby, of Cle Elum, has assisted in the organization of a beneficial association for the C. M. & St. Paul Railway.

Dr. B. E. Hoye, of Auburn, went on a hunting trip last month. During his absence his brother, Dr. C. E. Hoye, looked after his patients.

Dr. Frank W. Hilscher, of Spokane, who makes a specialty of eye, ear, nose and throat, has associated with him Dr. John Faucett Edwards, of Philadelphia, and Dr. C. W. Talbott, of Kansas City.

Dr. and Mrs. J. Ballard, of Kelso, have gone for a three months' trip through the East. They will visit New York, Washington, D. C., and other eastern cities, where the Doctor can see old friends and get the latest medical and surgical ideas and suggestions.

Dr. C. G. Fletcher, of North Yakima, was in the Northern Pacific wreck which occurred at Young's Point, near Billings, a month ago. Dr. Fletcher was not injured. He was the only physician on board the train, and long before the relief train with surgeons and nurses arrived from Billings, he had turned the dining car into a hospital and cared for the injured and dying. The Billings papers spoke highly of the work done by Dr. Fletcher.

Idaho.

Dr. J. H. Murray, of Nampa, has just purchased a new automobile.

Dr. Alex Hunter, of Coeur d'Alene, was a recent visitor at Spokane.

Dr. O. A. Jeffreys, of Cambridge, visited relatives at Weiser last month.

Dr. Joseph R. Numbers, of Weiser, was a visitor in Payette last month.

Dr. John P. Clark, of St. Anthony, made a trip last month to Salt Lake.

Dr. John Woodburn, of Boise, was a visitor at Coeur d'Alene last month.

Dr. and Mrs. C. L. Dutton, of Meridian, were callers in Boise last month.

Dr. O. L. Hall, of Star, is constructing a new store building on some of his lots.

Dr. Jesse L. Raine, of Grangeville, was summoned to Goff last month to attend a patient.

Dr. M. M. Harshbarger, of St. Anthony, made a business trip to Rexburg last month.

Dr. W. A. Wright, of Pocatello, had a professional call to Cokeville, Wyoming, last month.

Dr. J. W. Givens, superintendent of the Orofino insane asylum, visited in Lewiston last month.

Dr. C. J. Kinsolving, of St. Maries, is a member of the Democratic Central Committee of his county.

Dr. Alexander Hunter, of Coeur d'Alene has been appointed physician and surgeon for the Inland Railroad Co.

Dr. J. H. Bean, of Pocatello, was called to Leavenworth, Kansas, last month by the illness and death of a relative.

Wyoming.

Dr. K. Clymer, of Lovell, expects to go east this month to remain about a year, taking a post-graduate course and a prolonged vacation.

Montana.

Dr. Chas. C. Wallin, formerly of White Sulphur Springs, has moved to Lewiston.

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MEDICAL SENTINEL

DECEMBER
1908

Volume XV' **Number 12**

Notes

The Portland newspapers are still urging the necessity of the establishment of an emergency hospital in the city.

Cooper Medical College, after a most honorable and useful career of many years, has formed a union with Stanford University, and will receive no more students.

An organization has been formed in Caldwell, Idaho, for the establishment of an Open Air Sanitarium for the treatment of tuberculosis. Small cottages will be erected as required, and the patients will be treated according to the latest and most approved methods.

The North Yakima newspapers recently quoted with approval the remarks made by Dr. R. C. Yenney at the recent meeting at Roseburg, in discussing the subject of good water and sewerage disposal. The people of North Yakima have a question of this kind to solve themselves.

Dr. R. C. Yenney, of Portland, recently read a paper in Roseburg on the subject of Typhoid Fever. He made some excellent suggestions as to the way to stamp out this disease, and the wonder is in this enlightened age, that the public does not take more interest in the subject with a view to avoiding the disease.

Idaho State Examining Board.—The present board held a meeting at Boise at the time of the late State Medical Society. Forty-three applicants were examined and thirty were passed. The board is made up of J. R. Woodard, Payette, President; W. R. Howard, Pocatello, Secretary; Susan E. Bruce, Lewiston; R. G. Greggory, Boise; Russell Truett, Cottonwood; O. J. Allen, Bellevue.

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Correction.—In the November issue of the Medical Sentinel, on page 630, in Dr. Rockey's article on Supra Pubic Prostatectomy, in the nineteenth line from the top of the page, the reading should be as follows: "We are now ready for the drainage tube which has been prepared thus: Take a new piece of soft black rubber tubing 3½ feet."

At a recent meeting of the Whatcom County Medical Society, held at Bellingham, Judge Netterer of the Superior Court, delivered an address on expert testimony in which he urged that physicians who appear as experts should make use of common Anglo-Saxon terms instead of long words. At the same meeting, Dr. F. R. Hedges, of Everett, delivered a talk on conservative surgery.

Dr. J. M. Semple, Superintendent of the Hospital for the Insane at Medical Lake, Washington, urges gross appropriations for his institution for the ensuing two years of $301,350.00. The asylum is crowded beyond its claimed capacity. On the 1st of October, there were 638 patients in the institution. He figures that during the ensuing two years there will be an average population in the institution of 725 patients.

Vaccination of Children.—Great efforts are being made in our sister state to the north, by boards of education, to secure a more efficient law relating to the vaccination of children attending the public schools. While in some cities individual members of the boards of education are not in favor of compulsory vaccination, yet the boards as a rule realize that the law must be enforced, and if enforced it is well to have the law as proof against abuse as is possible.

The Supreme Court of the State of Washington has just rendered a decision to the effect that it is unlawful for any person who has not a state license to practice medicine or surgery, to use the term "doctor" or "physician" in advertising his profession. One B. C. Pollman printed his name on his office door as Dr. Pollman. The Supreme Court holds that as Pollman had not a state license to practice medicine and surgery, he violated the law by using the abbreviation "Dr." as much as if he had spelled out the word in full.

At a recent meeting of the Teachers' Institute of Multnomah County, Dr. Esther C. Pohl, City Health Officer, spoke on school inspection by the Board of Health. She spoke about the opposition which had been encountered in securing school inspection for Portland, and stated that the worst enemies of the system were those who were most benefited by it. Many

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people, knowing they have diphtheria or smallpox in their houses, will conceal it and send their children to school, wilfully taking chances on other children's lives, rather than inconvenience themselves.

The regular meeting of the Chehalis County Medical Society met in Aberdeen, Wash., on the 10th ult. Papers were read as follows: Dr. O. R. Austin, on "Injuries to the Kidneys;" discussion by Dr. Jones, of Elma, and Dr. G. E. Chamberlain, of Aberdeen. Dr. R. F. Hunter, of Hoquiam, read a paper on "Lobular Pneumonia;" discussion by Dr. Watkins, of Aberdeen, and Dr. Ahlman, of Hoquiam. Dr. McIntyre, of Hoquiam, read a paper on "Tuberculosis of the Ovaries;" discussion by Dr. Carr, of Montesano. After the meeting a banquet was given by the doctors of Aberdeen.

Some of the people of Seattle are very much worked up over the vaccination proposition, and the anti-compulsory vaccination enthusiasts are holding meetings which resemble somewhat the meetings of the suffragettes in England. At a recent meeting to deal with the subject, there was just one physician present who spoke in favor of vaccination. The anti-vaccination side of the question is receiving enthusiasm from neuropaths, hydropaths, psychopaths and osteopaths. Dr. T. J. Sullivan, former health officer of Butte, contributed to the Seattle Post-Intelligencer a most able letter on the subject of vaccination.

American Medical Union.—It is not likely that the American Medical Union, whose chief function seems to be to oppose existing medical societies, will accomplish much in the work it has set out to do. The President, one O. W. F. Snyder, states that the object of his union is to secure a uniform medical law and to do away with State Medical Boards as they now exist. He desires to open the door to all schools, including Christian Science, Osteopaths, and everybody else who claims to be up in the healing art. The union so far as it accomplishes anything, will be a thorn in the side of existing medical organizations, but it may serve the good purpose of uniting these organizations into a more compact body.

School Inspectors in Portland.—Some opposition developed in Portland some time ago to the proposition of the City Health Officer, that school inspectors be appointed to examine at stated times the health of the children attending the public schools, but they had not been performing their duties long before their appointment was fully justified. One of the examiners found two cases of smallpox in one of the schools. The building was at once closed and thoroughly disinfected, and only one day of school was lost. It was altogether probable that if those inspections had not been made, smallpox would have spread all over the district in question, and the school would have been obliged to close down for the rest of the term.

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The newspapers made considerable fuss over the fines imposed on some Portland physicians for non-payment of city licenses. No physician who understands the object of the City Council in passing the ordinance will object to this license. The ordinance was passed at the solicitation of the physicians themselves. Under it no physician can be licensed without his first presenting a certificate, showing that he is authorized to practice by the State Board. Any physicians practicing without a license can be prosecuted for violating the city ordinance. It looks as though this might be an easy way to prevent the illegal practice of medicine in this city. We shall all watch the results with interest.

Whitman County Medical Society.—This Society held a meeting at Tekoa, Wash., on the 16th ult. Dr. C. S. Baumgartner, of Thornton, delivered an address reviewing the work done by the Society. This was followed by the reading of a paper on the "Prevention of Infectious Diseases" by Dr. A. J. Nelson, of Tekoa. Discussion was opened by Dr. W. C. Cardwell. The urgent need of a better law relating to the mental examination of the criminal insane was assented to unanimously, and a committee consisting of Drs. Palamountain, Skaife and Cardwell was appointed to confer with the senators and representatives-elect from this county to urge the passage of an amendment. Election of officers resulted in Dr. W. B. Palamountain being chosen president; Dr. A. J. Nelson, vice-president, and Dr. Else, secretary and treasurer.

Lodge Work in Seattle.—The doctors of Seattle in their medical society are endeavoring to render unpopular amongst their members all lodge work. They have decided that they will expel all of the members from their society who do not, before February 1st, cease doing contract work for lodges, unions, department stores and hospital associations. Dr. Arthur E. Burns was one of the physicians who opposed the movement, on the ground that it is sure to fail. He said that docks are under construction and railroads are extending into the city, and many of the young members of the profession cannot be prevented from accepting contract work for these large employers of labor. It is stated that more than 20 per cent of the people of Seattle get their medical attendance for about five cents per month each, under contract plan. It will be interesting to watch the results of the campaign inaugurated by our Seattle friends.

State Board of Health.—The regular monthly meeting of the State Board of Health was held on November 21st. There were present Dr. Alfred Kinney, Astoria, president; Dr. C. J. Smith, Pendleton; Dr. E. B. Pickel, Medford; Drs. Andrew C. Smith, E. A. Pierce and R. C. Yenney, Portland. Matters brought up for discussion before the board covered a variety of subjects, among the more important being the care of dairy cattle, it being the sense of the board that cows should be tested by tuberculin at intervals

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frequent enough to insure the detection of disease. Another subject discussed was to provide some means to put a stop to the pollution of streams. A decision was finally reached that if precautionary notices continue to be disregarded the board will undertake to have offenders arrested and prosecuted through district attorneys' offices. A communication was received from Dr. N. K. Foster, secretary of the California State Board of Health, asking for an expression from the Oregon Board on a proposal to have the State Boards of California, Oregon and Washington meet in conference at an early date, to take up matters in which the three states are mutually interested in furthering health and sanitary measures. It was resolved by the board that Dr. Foster's suggestion be endorsed, and on account of the geographical position of this state the conference be invited to this city early next month. The next annual meeting of the board is to be held at Salem December 15, at which time a new president and vice-president are to be chosen, the office of secretary being a continuous one.

Pierce County Medical Society.—The regular meeting of the Pierce County Medical Society was held at the Tacoma Hotel, Tacoma, December 1st, at 8 P. M. Action was taken by the society against the abolishment of the office of City Bacteriologist, and a committee appointed to go before the City Council. Dr. J. R. Brown read a paper on "The Feeding of Normal Infants," which will be published in a later issue of the Medical Sentinel.

Portland is not the only city where the sanitary condition of the grocery stores and meat markets is not as good as it might be. The Health Department of the city of Tacoma issues the following warning, which is good there and everywhere else: "It has been and now is a custom of all eating houses in this city and throughout the world, to present the cleanest and most inviting place in front, all according to the importance of the place, but the part that should be cleanest in a restaurant is often—to the sorrow of the public—thoroughly neglected. Places where meats, vegetables and other articles of food are prepared for customers are often far from being clean. Garbage is thrown everywhere. Meat is placed and allowed to stand on anything, and the filthy condition of some places can be easily demonstrated to the satisfaction of any citizen of Tacoma who will take time enough to walk through the alleys and notice the foul odors in the rear of these premises; clean front and a dirty back. It is the same of a man who is well dressed, but whose body is filthy. It is to be hoped, therefore, that this will be a warning to everyone who is conducting a restaurant in this city, and notice is given that this department will also look to their back entrances and see that they correspond with the front in cleanliness. It is unnecessary to state that the kitchen and the storerooms for cooked food should be the cleanest department of the restaurant. They should not be deep in the cellar, as some are, or near the water closets or garbage and filth. The trouble should be remedied immediately."

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Editorial Notes

Hard Lines.—The way is hard for many practitioners advanced in years, who come to the Pacific coast from Eastern States armed with eastern diplomas and possessed with a desire to practice medicine in these western states. A particularly pathetic case arose in Seattle recently, in which an eastern physician, sixty years of age, was put in jail and kept there over night for practicing without a license. He graduated in Maine 25 years ago, and was admitted to practice in Maine and Massachusettts, but his two certificates availed him nothing in Washington. On his examination, he failed to secure the minimum marks, so he tried to make a living with electrical and X-ray work. From his standpoint, and the standpoint of similar men, the old-time physician who has not kept up thoroughly with modern medicine is in hard lines; but the individual must constantly suffer for the general good. It may be that such cases as this must either continue to practice in the states where their license give them permission to do so, or if they must come West, they must engage in some other business. Hardships may follow this rule in some cases, but the rule is a salutary one and cannot be varied.

A New Surgeon-General.—Surgeon General O'Reilly retires as Surgeon-General of the army on the 14th of January. He will be succeeded by Colonel George H. Torney of the Medical Corps of the United States Army. Dr. Torney is one of the most efficient medical officers of the army, and his appointment insures a continuance of the able and progressive administration of his predecessor. At the beginning of the Spanish-American war he was charged with fitting out the hospital ship Relief and commanded her during the period of the evacuation of the sick and wounded from Cuba and Porto Rico. After the war he served as commanding officer successively of the Army and Navy General Hospital, Hot Springs, Ark.; of the First Reserve Hospital in Manila, and of the Army General Hospital, Presidio of San Francisco, and as chief surgeon of the Department of California. During the period of the San Francisco earthquake Colonel Torney was put in charge of the sanitary work in that city and by his ability and energy won the highest commendation from his superiors for the success with which he handled the difficult situation under his charge.

Is the Profession Apathetic?—When the husbandman was not watching, the enemy sowed tares in his field. That, in the judgment of Dr. Allan McLane Hamilton of New York, is what is happening all over the country at this time. What he says as to his section of the nation, applies equally well to the West. Ignorant state legislatures are legalizing various species of fraud. The medical profession is too apt to sit quietly by without protest, hugging to its soul the flattering delusion that the public will some day see its error and the disloyal patient will return to the fold after he has had his experience. The pseudo-medical-divine is appealing to the unstable members of his flock, just as his predecessors have done in centuries gone by. Dr. Hamilton regards the present status as being one of apathy on the part of the profession, which should be abandoned. Fraud should

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be exposed more actively than it has been exposed. Each medical society should have a publicity committee. Frauds that appear should be exposed instanter. Persons who have been swindled or maltreated should be helped and encouraged to bring suit against those who have not kept faith with them. Much thankless work is here outlined; much uphill endeavor, and it is no wonder that many, many members of the profession ask in despair—what is the use?

Water Supply in Spokane.—The doctors of Spokane appear to differ as to the desirability of turning river water into the city mains. Dr. M. B. Grieve, the City Health Officer, insists that to do this without serving notice on the people, is criminal. He says that the river is exceptionally low, is fed by the sewers of Coeur d'Alene, and because of this low state would easily absorb fever germs carried to it by drains. Dr. E. D. Olmstead, ex-Mayor of Spokane, is one of those who thinks that no harm will result from this practice. He said to a reporter recently: "My opinion is that the river water purifies itself before it arrives from Coeur d'Alene. The water, tumbling over rocks, rapids and falls, as it does, has abundant opportunity to purify before it reaches Spokane. Were it not for the fact that water purifies itself in traveling St. Louis, Mo., would have been one of the most unhealthy cities in the world. Instead, St. Louis is fourth city of its size in the world in low mortality record. For years St. Louis obtained its water supply from below junction of the Mississippi and Missouri rivers. On the Missouri river are large cities emptying sewers into the river. On the Mississippi are such cities as Burlington, Keokuk, St. Paul, Minneapolis and many smaller cities, all having sewers that empty into the river. It is a fact that both air and water purify themselves in traveling. Were this not true there would not be a cubic foot of pure air. The rivers, for instance, empty into the oceans and the oceans send moisture over the land. It is my belief that the well water is good, but it contains lime that will have to be reckoned with. The lime affects kidneys, causing gall stones and calculi. The exceptional quantity of lime in the water is shown by its presence in water pipes and steam-heating plants. In the Traders' building pipes two inches in diameter were clogged until space not larger than a lead pencil remained. Returning to the fact that water purifies itself, we can refer to the water of the Chicago drainage canal. Even this water is rendered pure when it travels a sufficient distance. I am not greatly alarmed over the water in the Spokane river."

A Nefarious Bill.—In these days, when so many ulterior motives are actuating the actions of humanity, it will not pay for the doctor to be oblivious to the movements that affect him. How many, for example, are aware of the contents of the Mann bill, which was before the last session of congress? It is the most remarkable thing that this measure, directed so plainly against the interests of the ordinary practitioner, should have the support of the American Medical Association Journal, and the men who are the temporary managers of that body. Can they have measured the vengeance that will fall upon them if this measure becomes a law? Do they realize that the men who are contributing dollars to maintain them in luxury will turn and rend them?

What do you think of this provision —that while druggists, wholesalers,

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manufacturers and hospitals, can purchase certain drugs outside the state, a physician cannot, except under a written order or prescription, signed, dated and giving the name of the person for whom the drug is prescribed, and the amount of the drug is limited to certain amounts. As is clearly put by a writer in a contemporary, "Is the doctor so unworthy of trust, in comparison with the druggist, that he cannot be allowed the same privileges of purchase? How would it work out in practice? Well, somewhat this way: If Dr. J——, of Smithville, Illinois, (who, by the way, dispenses his own medicines),, wishes to purchase Sharp & Dohme's hypodermic tablets of morphia, or Parke, Davis & Co.'s Sun Cholera Tablets, he can buy all he pleases of any retail or wholesale druggist in his own state, without question. But, if he sends his order direct to either of these houses, outside of his state. he must make it in the form of a written prescription, giving the name of the party for whom it is prescribed, while he cannot purchase more than one-eighth ounce of morphia, cocaine, etc., at one time."

What is the duty of the practitioner towards this measure? Most certainly it is to write to the member of the House of Representatives from his district, and ask him to vote against the Mann bill, known as H. R. Bill No. 21982. If the physician will not take this trouble, he is liable to find this measure on the statute books by default, and then his hands will be tied to the advantage of a clique whose objects are past finding out.

Mutual Helpfulness.—A pleasant story comes to us of an ideal neighborhood, where two physicians resided, who dwelt together in the strictest amity. They overlapped each other's territory, but this did not interfere in the least with their friendship. When one desired to leave home for a time, he left his patients with his contemporary, assured that his confidence would not be misplaced; and the plan was reversed when the other desired to go away. They protected each other from an occasional dead beat that might make his appearance in the neighborhood, and such an individual could not get the services of the one until he had paid his debts to the other, unless satisfactory explanations and assurances could be given. But we also read of another side to the shield; of two physicians whose territory overlapped, who sought to steal each other's practice; the one in the habit of backbiting the other, and criticising his methods and plan of treatment, thus tending to bring the entire profession into disrepute. Aside from the unethical character of such conduct, none will for a moment think that there is any greater financial advantage to be obtained from this unfortunate method than from that adopted by the gentlemanly, ethical physician. There is certainly a greater nervous strain where physicians are fighting each other than where they dwell together in unity.

This is not a question of locality, discipline, or struggle for bread. It is a question entirely of the individual. Doubtless our medical schools do make quite an impression on the young man who is fitting himself for medicine, by properly presenting to his mind the satisfaction that comes to a practitioner by always being a courteous gentleman; by showing how kindness and charity should always be observed by him; and that the treatment he gives others, he is likely to receive in return. Some young men, alas! would not be materially influenced by such suggestions, because they are not well born. Others naturally follow the path of courtesy, helpfulness and kindness.

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THE MEDICAL SENTINEL

HENRY WALDO COE, M. D. Editor
PORTLAND, OREGON

With the Collaboration of the Officers of The State and District Medical Societies of Oregon, Washington, Idaho, Montana and Utah

Address all communications regarding papers, subscriptions, advertising or business mat. s to the MEDICAL SENTINEL, Marquam Building, Portland, Oregon

A TRI-STATE MEDICAL JOURNAL

Since the time when men begun to assemble together for the consideration of matters of mutual advantage, it has been found that the cheapest thing on earth is to appoint a committee. The appointment of a committee also suffices to temporarily put on the shelf a question that may be somewhat difficult to handle.

Some physicians in Oregon started out a few months ago to consider the proposition of the establishment of a medical journal for three states on the Pacific Coast, which should be the organ of the three state societies. The very first stumbling block which appears to such a proposition is finding the answer to the question, "Where shall the journal be published?" But that stumbling block was easily disposed of by the appointment of a committee. When the Washington meeting was held, a second committee was appointed, and now in Idaho a third committee has been appointed to consider the subject. **At Idaho, a supposedly joint committee of an advisory or appellate character** was appointed, consisting of Drs. Maxey, Williamson and Eagleson. Dr. Maxey was, perhaps, appointed because he is going to Europe, where he will stay for a year or more. Dr. Eagleson was appointed because he is connected with an existing medical journal. Dr. Williamson was appointed **because he** has no connection with an existing medical journal and is not going to Europe.

This particular committee is charged with the special duty of corresponding with the management of various state journals to "ascertain their methods of financing, management, etc., for the purpose of better enabling them to report a feasible plan for financing our journal." We would suggest that they correspond with those particular state journals which are finding it so hard a matter to make ends meet, that they have attempted to inaugurate on the part of their readers a boycott against manufacturers of all medical supplies who do not advertise in their columns. While they are about it, they might also write to Dr. Philip Mills Jones, of San Francisco, who is constantly uttering ex-

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pressions of contempt for the "published for profit" medical journals of the country, thus conveying the idea that state journals are opposed to any medical journal making any sort of a profit on its business.

The committee will probably conclude after corresponding with Dr. Jones and other doctors of his ilk, that there is a good deal of humbug published in the columns of the state journals, which humbug is published for the double purpose of insulting the independent medical journals of the country and fooling the profession. Dr. Eagleson has had considerable very valuable experience in the business, and we hope that he will tell his co-workers on the committee all that he knows concerning the ups and downs of medical journalism.

In the meantime, our condolences go with the committee. A year has the habit of rolling around with great rapidity, and the committee must in due course report something, or acknowledge its weakness, but our congratulations go with Dr. Maxey, who while enjoying the beautiful architecture of the Ringstrasse of Vienna, or while viewing the Brandenburg gate while sipping cordials on the Unter Den Linden in Berlin, will think of the other struggling members of his committee who are doing their level best to please everybody.

COURT VS. PHYSICIAN

It is not always easy to determine the right thing to do when the dignity of a court of justice comes into conflict with the needs of sick people. A short time ago, Dr. H. R. Kauffman, of Glendale, Oregon, was subpoenaed to appear at Salem as a witness in a criminal case. Dr. Kauffman, who was the only physician in Glendale, was detained by some cases of very serious sickness, and he telegraphed the district attorney that he could not come to court at the hour fixed. The telegram was lost in the shuffle, and the court anyhow refused to recognize it as furnishing an adequate excuse for the doctor's absence. Judge Burnett fined the doctor $10.00 for contempt of court. These supposed facts we gather from the newspaper reports, and certainly they do not reflect any great credit upon the court. While everyone recognizes the importance of the transaction in a prompt and orderly manner of court business, and the necessity of witnesses obeying subpoenas that are served upon them, yet it would seem that any humane person must recognize the great claims upon a physician of his suffering patients. Many a valuable life has been saved to the community by the prompt attention of a family physician, and we certainly have taken a step backward if court routine is to take precedence in every case, over the needs of suffering humanity. A great many judges feel the dignity of their position to a degree that is altogether over-

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whelming, and because they have the power to punish and bully persons who may be down in a court room, they do not hesitate to do so. It is altogether probable that if Dr. **Kauffman** cared to spend the time and money to take an appeal from this ruling, the judge who fined him would be reversed by the Court of Appeals. It is not at all likely that 5 per cent of the voters who put this judge in his place would approve of his action in this case.

MEDICAL JOURNALISM IN POLITICS

Yes, by all means—the right sort. The Medical Sentinel editor has as decided and as forcible ideas on general politics, as the next man, but it is a question if anything falls from his pen in the Medical Sentinel from one year's end to another, which would give him away on general politics. Somehow he does not exactly agree with his good friend Dr. Taylor, of the Medical World, that medical journalism and party politics mix together very well. We believe that a man possessing so much intelligence as the average medical practitioner would not be materially influenced by being urged to vote one way or the other in his medical magazine. He might, in fact, rather resent the fact that space which he might feel should be devoted to the specialty represented by the journal, was taken up with pointing out the excellencies or defects of the republican, the democratic or some other party.

But there is a sort of politics that should always and persistently be taken hold of by the doctor, and that is, the matter of the election to the legislature of men who will see to it that proper state laws are enacted, looking to the welfare of the public in health matters. And after these men are elected (as they all are in the Pacific slope states), they should be reached with arguments such as physicians can give them, as to important measures that are needed in the public health interest. Most members-elect of the legislature want to do the right thing, and there is a golden opportunity for our readers in every state to work on them from now until the early part of the year, when they will begin to perform their legislative duties.

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Symposium on Rocky Mountain Tick Fever

ROCKY MOUNTAIN SPOTTED [TICK] FEVER; WITH SPECIAL REFERENCE TO CASUAL FACTORS, MORTALITY AND GEOGRAPHICAL DISTRIBUTION IN IDAHO

By ED. E. MAXEY, M. D.

Read before the Idaho State Medical Association, October, 1908

In carrying out the scheme of a symposium on Rocky Mountain Tick Fever I have, at the suggestion of Dr. Ricketts, endeavored to gather all the information possible from the physicians of the state, the State Board of Health, the Commissioner of Immigration, the State Auditor, and other official sources, bearing upon the subject, but with particular reference to the causal factors, mortality, and geographical distribution of the disease in Idaho. With this end in view, I appealed to the physicians of the state for their assistance, and I wish here and now to thank the many who so kindly replied to my request.

My request was for information on the following points:

(1). Approximate number of cases seen each year.
(2). Approximate total population of district of practice.
(3). Theory as to cause of the disease.
(4). Whether or not ticks abound in his district, and what varieties.
(5). Variety of wild animals found in district.
(6). Stock on range: horses, cattle, and sheep, season in contact with settlements.
(7). Percentage of cases giving history of tick bite.
(8). Percentage of cases that die.
(9). Prevailing complications.
(10). Predisposing occupations, ages and sex.
(11). Time of year cases occur, and
(12). Geographical distribution of origin of their cases.

To these questions I received answers from 95 physicians, and considerable of the data contained in this report is based on the information thus received, and its value depends entirely on the accuracy with which the physicians answered my questions. The population of the different counties, and the number and distribution of

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horses, cattle, and sheep, is taken from the records of the Immigration Commissioner and State Auditor. The number of woolgrowers in the various counties is taken from the list prepared by the State Live Stock Board, and the other information concerning those in contact with sheep, etc., is obtained from various sheepmen of the city. With these introductory and explanatory remarks, I will take up my subject under the various topics brought out in my letter.

NUMBER OF CASES TREATED EACH YEAR.

The total number of cases originating within this state each year will average over 375. From 278 to 528 were reported to me as being the average number of cases treated each year, but as I did not get replies from much over half of the physicians of the infected area, it is reasonable to assume that 35 per cent of the cases occuring in the state were not reported. Dr. Springer, Secretary of the State Board of Health, informs me that 363 cases were reported to him as occurring within the last year. On this basis, the proportion of cases to the entire population, in counties where the disease is found at all prevalent, is one case to each 302 people.

VARIETIES OF TICK FOUND.

Ticks are reported found in abundance in every county of the state with the single exception of Latah. The woodtick, sage-tick, sheep-tick, horse-tick, pine-tick, and dermacentor occidentalis, are mentioned as the varieties present. Throughout the district in which spotted fever is prevalent, the wood-tick, sage-tick, and sheep-tick are found in large numbers. The wood-tick, sage-tick, and horse-tick are probably identical species, but the sheep-tick is of a different species and, I have been told by experienced sheep-men, rarely if ever attach themselves to man. The wood, or sage-tick is, I believe, the dermacentor occidentalis.

DISTRIBUTION OF WILD ANIMALS.

In the fifteen counties embracing the Snake River Valley, or the sage-brush area of Idaho, there is a marked uniformity in the variety of wild animals found, particularly the smaller animals.

Jack-rabbits and cotton tails, gophers, coyotes, ground squirrels, badgers, and chipmunks are found in abundance in the spotted fever district. The ground hog, skunk, deer, bear, and wildcat come next in frequency, being found along the wooded streams and in the mountains. Cougar, foxes, weazles, elk, moose, coon, wolf, porcupine, martin, mink, beaver and muskrat are irregularly distributed throughout the infected district and can hardly be considered as a factor in the transmission of the disease.

In the seven northern counties of the state, the coyote is found in each, and squirrels, cougar, bear, deer, and wildcat in most if not all the counties. There are a few rabbits and squirrels reported in Kootenai, Nez Perce and Idaho counties. No ground hogs reported from this region.

Dogs are found where man is found and are renowned for their business relations with fleas and ticks.

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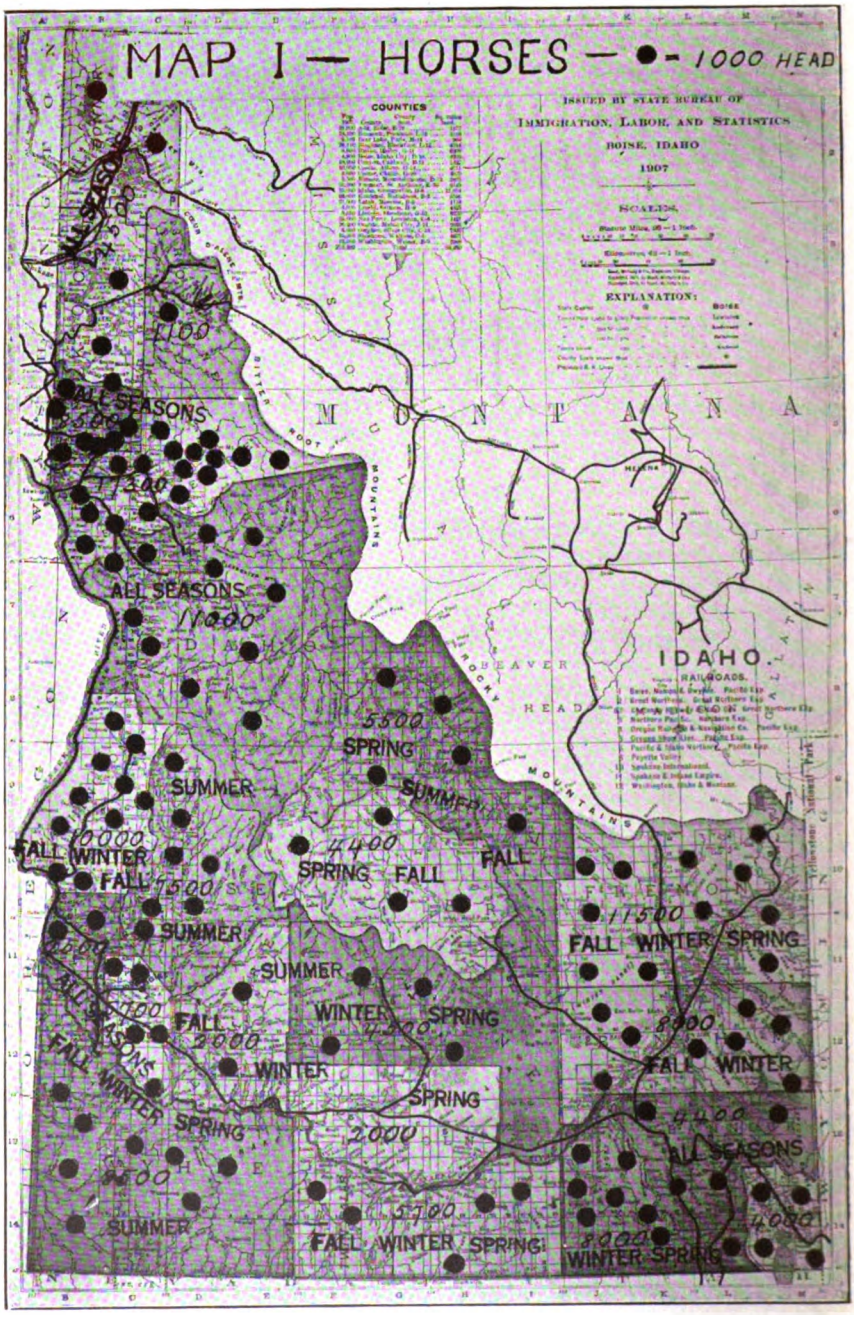

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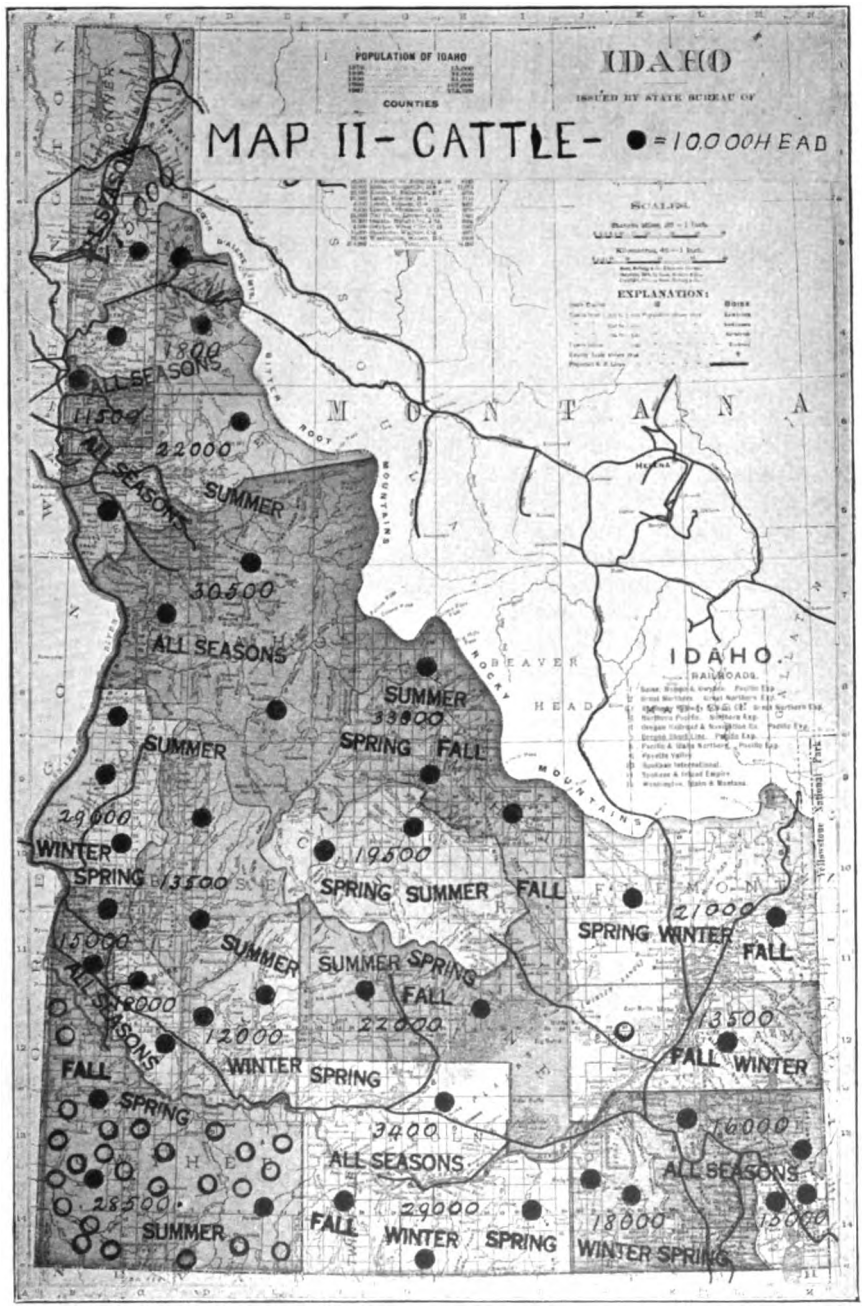

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STOCK ON THE RANGE.

It is difficult to even approximately estimate the number of horses and cattle on the range, so I have included all domestic animals also, except milch cows, in my estimates. Horses and cattle are fairly evenly distributed in the several counties. Custer, Lemhi, Idaho, Nez Perce, Washington, Cassia, Oneida, Bear Lake, and Fremont counties are reputed to have the greatest numbers of horses and cattle. The numbers of each in the several counties, together with the time of year they are liable to be in contact with the population, are well shown on maps I and II.

It is far different, however, when we come to study the distribution of the sheep. There are within this state approximately 3,000,000 sheep, and by referring to map III, you will see that practically this entire number are fed, sheared, lambed and grazed within the lower fifteen counties. So far as I can learn, there are no range sheep in Bonner, Kootenai, Shoshone, Latah, Nez Perce and Idaho counties. A few bands range in summer in Custer and Lemhi counties.

As you know, the range sheep are wintered in the valleys along or tributary to the Snake river, where hay is abundant. In the early spring, as soon as the grass begins to start, they leave the feeding grounds and are held in the nearby foot-hills for lambing and shearing, after which, as the snow leaves the mountains, they are driven back into the mountains. The principle feeding, lambing, and shearing grounds are in Washington, Canyon, Ada, lower Elmore, upper Owyhee, Lincoln, Blaine, Cassia, Oneida, Bannock and Fremont counties. After shearing and during the summer months many thousands of sheep are ranged in Boise, Owyhee, upper Elmore, parts of Blaine, Cassia, Oneida, Bannock, Bingham and Fremont, and a few in Lemhi, Idaho, Nez Perce and Custer counties.

The great bulk of the horses and cattle on the range do not come in contact with the settlements except at the fall and spring round-ups. Probably most of the horses of the state are domesticated and not on the range at all. I was unable to determine this fact. Cattle are allowed to range in the foot hills and plains during the summer, and are gathered up in the fall and brought to the valleys for winter feeding. Early in the spring they are again driven to the summer range. Dairy cows are held in pastures or feed lots the entire year.

PREDISPOSING OCCUPATIONS.

The experience of physicians throughout the spotted fever district of this state seems to be quite uniform. In practically all cases the patients give a history of some employment or recreation which has taken them into the sage-brush or foot-hills during the spring months. Of the 73 definite replies received concerning the occupations of spotted fever patients, 38 per cent were given as sheep-herders or sheepmen, 35 per cent were classed under the general statement "out of door" life, part of whom were no doubt also sheep-men, 8 per cent were miners or prospectors, 6 per cent were stock raisers, 5 per cent farmers, and 1 per cent each were ditch riders, dairymen, laborers, and river men.

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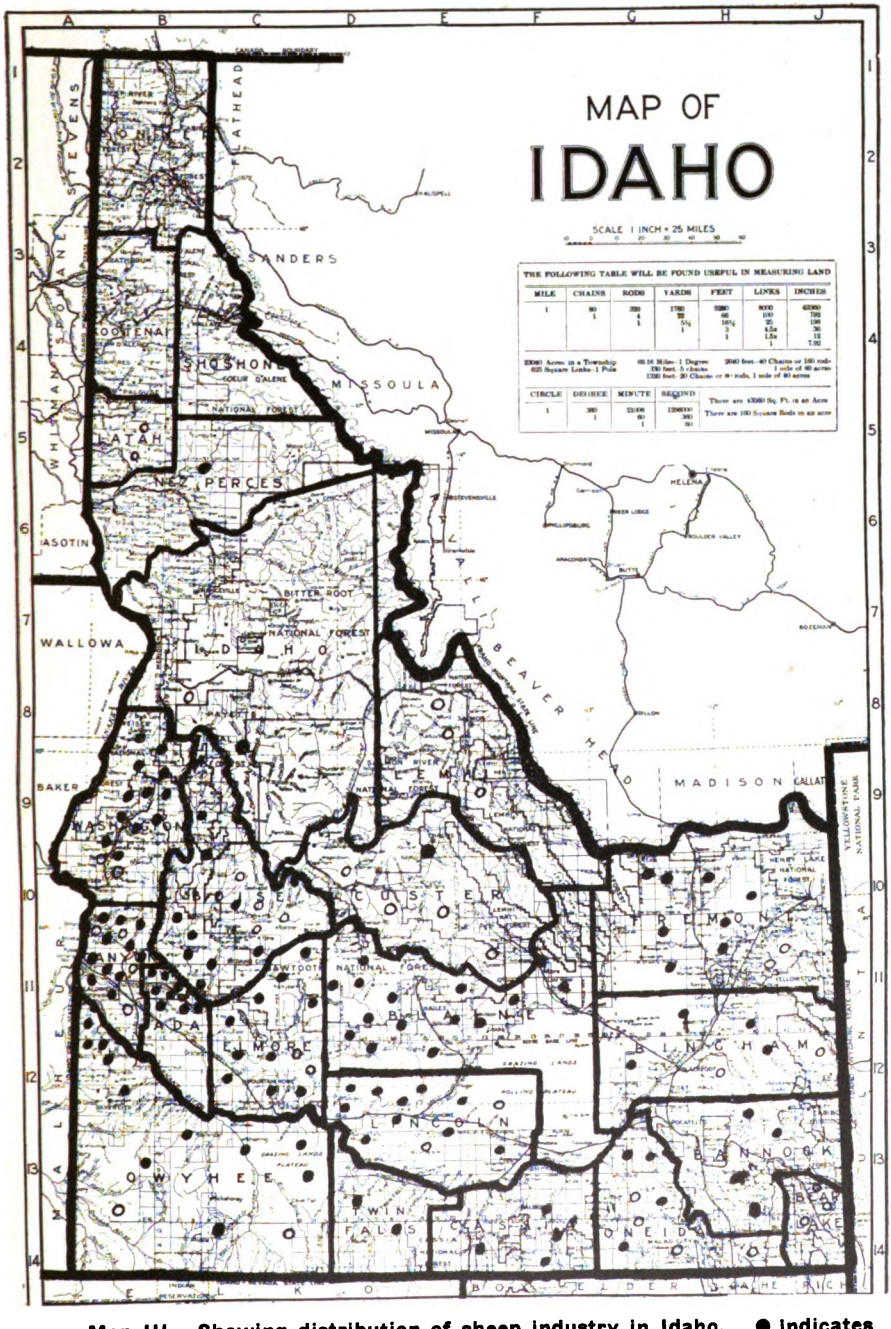

Map III.—Showing distribution of sheep industry in Idaho. ● indicates 25,000; 0 indicates 5,000.

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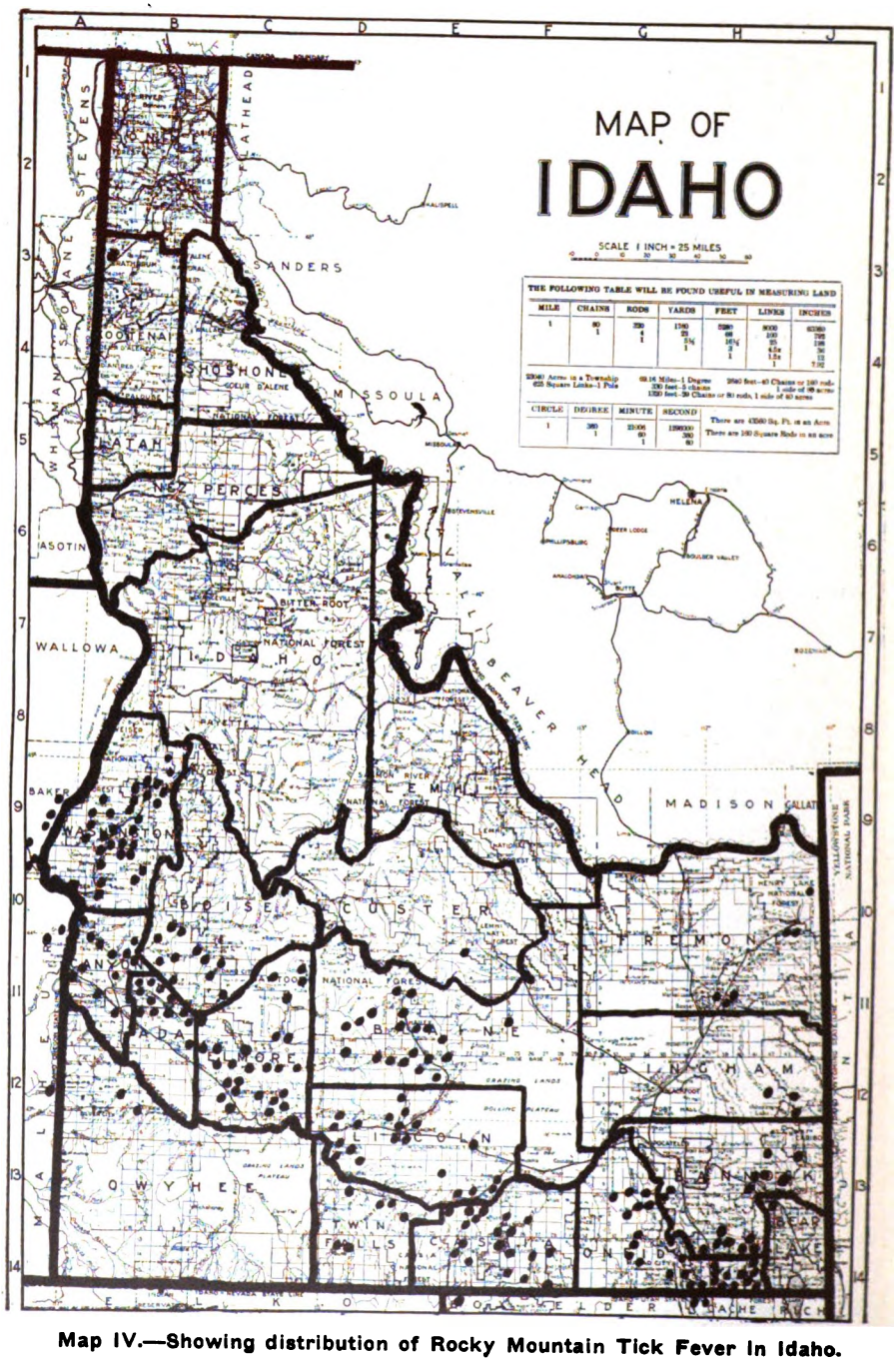

Map IV.—Showing distribution of Rocky Mountain Tick Fever in Idaho.

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AGE AND SEX.

My reports show that all ages and both sexes are attacked by the disease if exposed to the infection. More males than females are attacked, probably 10 to 1, because of the greater exposure of the males. Several report cases 70, 75, 80 and 85 years of age, and others as young as six months.

HISTORY OF TICK BITE.

It seems difficult to get definite data on this point. Prior to 1903 no observations were made by the physicians, and since then quite a large proportion of the physicians have neglected to examine for the tick bite. However, I find there are quite a number of close observers, for of the 52 physicians reporting on this subject, 29 have established a history of tick bite in 100 per cent of their cases, 4 in 90 per cent, 4 in 80 per cent, 4 in 50 per cent, 2 in 33 per cent, 1 in 25 per cent, 1 in 4 per cent, 1 in 2 per cent, and six had no record or had not observed whether or not there was a tick bite history. Averaging all who have made observations, 81.5 per cent of cases give history of tick bite. One case was six months old nursing babe, whose mother had spotted fever, but no tick bite on baby.

THEORY AS TO CAUSE, OR MODE OF INFECTION.

Fifty-four replies contained definite information on this point. Thirty-nine accepted the tick bite theory. Twelve said they had no theory or belief concerning the method of infection. Two attributed the disease to a combination of tick bite and contaminated water. One thought the disease due to bad water alone, another was confident the disease was microbic in origin, and still another said he always thought there was some casual relation between the melting of snow or the drinking of snow-water, and spotted fever.

TIME OF YEAR DISEASE IS MOST PREVALENT.

Cases are reported as occurring from February to September and October, but most all of the cases occur in the months of March, April, May and June. The time when the disease is most prevalent varies somewhat in different parts of the infected area. In Fremont most of the cases occur in March; in Canyon, Ada, Owyhee, Elmore, Lincoln and Custer it is April; in Washington, Boise, Twin Falls, Cassia, Oneida, Bannock (part), and part of Lincoln most of the cases occur in May; Blaine and a portion of Bannock report most of their cases in June; and the one case imported in Lemhi was in July. Two cases are reported from Fremont county, in the extreme eastern and northeastern part, occurring in September and October. Both cases were fatal.

COMPLICATIONS.

The complications of spotted fever do not seem to be very uniform or very frequent. The following complications have been observed by the fifty-five physicians reporting on this phase of the subject: Uraemia 1, pharyngitis 1, myalgia and joint pains 3, heavy deposits in the urine 1, nephritis 6, meningeal involvement as evidenced by delirium, stupor, etc., 8; endo- and myocarditis, 3; cardiac weakness, 5; phlebitis, 1; oedema of lungs and glottis, 2; pneumonia,

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7; bronchitis, 5; sloughing or gangrene of pendulous portion of skin, 5; flatulence, 1; constipation, 1; toxaemia, 1; hyperpyrexia, 3; conjunctivitis, 1; retention of urine, 1; diarrhoea, 1; great muscular weakness, 2; and 23 reported no complications. It would appear, therefore, that meningeal irritation, nephritis, pneumonia, bronchitis, cardiac weakness, and gangrene of the skin are the most common complications. Hyperpyrexia and organic heart disease follow closely in frequency. Myalgia and joint pains mentioned by three physicians as complications are, in my opinion, observed in practically every case, at least common enough to justify their classification with the symptoms of the disease.

MORTALITY.

The rate of mortality fluctuates considerably, depending on age of patient, locality, environments, and complications. The disease is quite fatal in the aged, and very rarely fatal in the child or young adult. The uncomplicated seem to all get well; the severe type of the disease nearly always develops complications.

The average mortality for the state is approximately 5 per cent (4.86); 3.8 per cent is the mortality rate for last year as computed from data furnished me by the Board of Health, and based on actual cases and not taken from estimated mortality, as my figures are.

One physician in Bonner county—Dr. Fry—reports two cases, both fatal; Dr. Hargis, of Fremont county, reports two fatal cases; and Dr. Drennan, of Kootenai county, reports an epidemic of 10 cases, with a death rate of 60 per cent. The 12 Bonner and Kootenai cases are excluded from my mortality figures as the diagnosis is in doubt; in my opinion they were undoubtedly cerebrospinal meningitis. The two Fremont cases gave a history of tick bite and may have been the malignant Montana type of disease. If we include the two Fremont cases and the one from Lemhi reported by Dr. Whitwell, the death rate of the disease for the state would be 11.4 per cent, based on reports from 55 physicians who have had experience with the disease.

GEOGRAPHICAL DISTRIBUTION OF SPOTTED FEVER IN IDAHO.

In sending out my requests for information, I enclosed a sectional map with each letter and requested the physicians to indicate thereon the exact geographical distribution of the origin of their cases, using single X for isolated cases, and a grouping of a number of XXXX in regions where the disease is most prevalent, varying the number to indicate where the disease is more prevalent and most prevalent. Fifty-seven maps were prepared and returned to me, from which I have prepared a composite map—Map IV—by which you can see at a glance where spotted fever is found in Idaho. Each black spot represents an infected area. These infected areas seem to change somewhat from year to year and this point will be spoken of again.

Referring to Map IV, you will observe that the infected areas in Washington county are along the Weiser valley; in Canyon, they are along the Payette and Boise valleys; in Ada, they are in the upper

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part of the county in the Boise valley; in Boise county, in Garden valley on the Payette river, and along More's creek, a tributary of the Boise; in Elmore, along the south fork of the Boise, and on Canyon, Rattlesnake, and several other small creeks flowing into the Snake river; in Blaine, along the Malad or Big Wood river, Willow and Camas creeks, and Little Wood river; in Lincoln, along Big and Little Wood rivers and the Snake river; in Cassia, along Goose creek, Birch creek, Marsh creek, upper Raft River valley, and the Snake; and in Oneida, along the Bannock, Little Malad, Portneuf, and Bear rivers. In Bannock county and extending up into east Bingham, there is an area around Soda Springs from which quite a large number of cases have originated. There is a limited area in Fremont county near Rigby, on the South Fork of the Snake, and another near the extreme eastern part of the county, from where the two fatal cases were reported by Dr. Hargis. Only one case was reported from Custer county, this was on Lost river near Mackay, and one fatal case from Lemhi. This patient contracted his disease while mining on the Big Hole river in Montana, and was treated at his home in Salmon. In Twin Falls county, most of the cases have been along the Snake river, in the new settlements, though a few cases have been seen on Cedar creek and branches of the Salmon river. Neither one of the two physicians in Owyhee county have seen spotted fever cases in that county, but Dr. Brereton, of Boise, reports having had cases from Oreana and from Sinker creek. About ten years ago I saw a well-marked case on Cow creek near the state line. I am satisfied, however, that my case was infected while riding the range near the mouth of the Bruneau river.

Dr. Prindle, of Spirit Lake, Bonner county, reported a case seen at Laclede, Kootenai county, about six years ago, and Dr. Wenz, of Rathdrum, Kootenai county, undoubtedly saw a case of spotted fever there about four years ago. Both of these cases gave history of tick bite, and both recovered. The physicians of Latah, Nez Perce, Idaho, Shoshone, and most of those in Kootenai and Bonner counties, all report no experience with the disease.

It is apparent, therefore, that Rocky Mountain Tick Fever in Idaho is confined to the Snake river sage-brush plains and the tributary valleys and foot-hills.

SUMMARY.

1. There are approximately 375 cases of spotted fever in Idaho each year.

2. Ticks are reported found in every county except Latah. The ordinary wood-tick seems to be the prevailing species.

3. Rabbits, gophers, coyotes, ground squirrels, badgers, and chipmunks are found in abundance over entire spotted fever area.

4. Horses and cattle are found in large numbers in all counties.

5. Practically all sheep are fed, sheared, lambed and grazed only in the fifteen lower counties.

6. At least 38 per cent, probably more, of cases occur among sheepherders or those handling sheep; 35 per cent were among those

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COUNTY.	No. Physicians Reporting.	Population.	Number of Horses.	Number of Cattle.	Number of Sheep.	Resident Woolgrowers.	Persons with Sheep.	Number of Sheep Dogs.	Horses with Sheep.	Seasons Sheep are in the County.	(Yearly) Cases of Spotted Fever.	Percentage of Spotted Fever to Population.	Percentage of Spotted Fever to Sheepmen.	Percentage Cases giving History of Tick Bite.	Mortality.
Washington	6	12,000	10,000	29,000	334,000	96	334	167	334	Winter—Spring	34 to 55	1 to 266	13%	80%	1.20%
Canyon	12	18,000	2,500	15,000	295,000	63	295	147	295	Winter—Spring	40 to 50	1 to 400	15%	80%	3.12%
Ada	12	25,000	5,700	18,000	201,000	62	201	100	201	Winter—Spring	50 to 65	1 to 438	28%	96.6%	2.16%
Boise	2	5,000	7,500	15,500	245,000	16	245	122	245	Summer	1 to 5	1 to 2500	1.2%	..? ..	0.00%
Owyhee	2	4,500	8,500	28,500	287,000	42	287	143	287	All year	0 to 1	1 to 4500	0.003%	..? ..	0.00%
Elmore	3	4,000	2,000	12,000	262,000	42	262	131	262	Winter—Spring	30 to 40	1 to 113	13%	75%	0.33%
Blaine	2	6,500	4,500	22,000	501,000	52	501	250	501	Spring—Summer	50 to 75	1 to 104	12%	100%	5%
Lincoln	2	4,500	2,000	3,400	262,000	30	262	131	262	Winter—Spring	15 to 30	1 to 204	9%	100%	0.05%
Cassia	3	4,500..	.....	.....	.....	42	....	....	.....	.....	.....	.....	.....	.....	.....
Twin Falls	4	7,500	5,700	29,000	144,000	8	144	72	144	Winter—Spring	23 to 56	1 to 300	27%	75%	5.5%
Oneida	3	16,200	8,000	18,000	119,000	65	119	59	119	Winter—Spring	20 to 51	1 to 454	29%	88.3%	2.25%
Bear Lake	1	9,200	4,000	15,000	14,000	16	14	7	14	Summer	1 to 4	1 to 3680	18%	..? ..	.. ?..
Bannock	3	18,250	4,400	16,000	99,000	39	99	49	99	Spring—Summer	10 to 82	1 to 396	46%	90%	0.05%
Bingham	5	19,200	8,000	13,500	115,000	34	115	57	115	Spring—Summer	1 to 10	1 to 350	4%	..? ..	.. ?..
Fremont	3	26,000	11,500	21,000	317,000	94	317	158	317	All year	1 to 3	(1to13,000)	0.06%	41.6%	50%
Lemhi	3	4,000	5,500	33,000	13,000	1	13	6	13	Summer	0 to 1	1 to ?	?.....	100%(	100%)
Custer	2	3,500	4,400	19,500	45,000	11	45	22	45	Summer	1 to ? ..	..1 to 3500	2.2%	100%	0.0%
Idaho	5	15,000	11,000	30,500	31,000	2	31	15	31	Summer	0	.....	.....	.....	.....
Nez Perce	5	25,000	17,300	22,000	22,000	....	22	11	22	All year	0	.....	.....	.....	.....
Latah	3	21,500	8,500	11,500	None.	....	....	....	.....	.....	0	.....	.....	.....	.....
Shoshone	5	10,000	1,100	1,800	None.	....	....	....	.....	.....	0	.....	.....	.....	.....
Kootenai	6	9,500..	.....	.....	None.	....	....	....	.....	.....	0 to 1	1 to 9500	..? ..	100%	0.%
Bonner	3	14,500	4,500	15,000	None.	....	....	....	.....	.....	0	.....	.....	.....	.....
Totals	95	283,300	136,600	389,200	3,306,000	715	3306	1647	3306..	.....	278to528	1 to 302 (1 to 2480)	14.5%	81.5%	4.8% 11.4%

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leading an outdoor life; 8 per cent were miners or prospectors; 6 per cent stockmen; and 5 per cent farmers.

7. All ages and both sexes are attacked, if exposed to infection.

8. History of tick bite has been found in 81.5 of the Idaho cases where observation was made.

9. Seventy-one per cent of the physicians who have treated spotted fever accept the tick bite theory as method of infection, 29 per cent had no theory or thought it due to contaminated water.

10. A very great majority of the cases occur in April and May.

11. The chief complications are meningeal irritation, pneumonia, nephritis, cardiac weakness, and gangrene of skin.

12. Death rate varies from 4.8 per cent to 11.4 per cent.

13. The principal infected areas of the state are in Washington, Canyon, Ada, Elmore, Blaine, Lincoln, Cassia, Oneida, and Bannock counties. It is less frequently found in Boise, Owyhee, Twin Falls, Bear Lake, Bingham, Fremont, and Custer counties; very rarely in Kootenai.

CONCLUSIONS.

By comparing maps III and IV, one is impressed at once by the marked similarity in the geographical distribution of spotted fever and the areas of the state occupied by the sheep industry. We have also learned that 38 per cent or more of the cases occurring in this state are sheep herders or people in contact with sheep, or have visited localities recently occupied by one or more bands of sheep. Possibly a much larger percentage of the cases could be traced to this method of infection, for in the spring of the year the sage-brush and foothills are full of sheep, with their herders and their dogs and horses. The sage-brush and willows are lousy with wood ticks waiting to fall onto the sheep, dogs, horses, and men to break their long fast.

At this time I will call your attention to Table I. It gives some very interesting information along this line and when studied and analyzed brings one to the almost inevitable conclusion that there must be some casual relation, either direct or indirect, between the sheep industry in Idaho and our spotted fever.

Dr. Ricketts and others have demonstrated beyond any doubt that it is an infected tick that inoculates man with the disease. It is also known that ticks feed upon rodent and other warm-blooded animals, and they are undoubtedly inoculated by the blood of some particular animal which is itself a victim of the disease spotted fever. Possibly Dr. Ricketts can tell us today by what particular animal or animals in Nature the tick becomes inoculated, and perhaps, too, he has more to say concerning the nature of this infectious material. He has already demonstrated (Journal A. M. A., Oct. 12, 1907) that infected ticks exist in nature in the so-called infected districts; also that the tick may acquire the disease by feeding on an infected animal during either its larval or nymphal stage or as adult male or female ticks; and, further, that the infected female tick may transfer the disease to her young through the egg.

With these facts established, and knowing too that the disease is

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not highly destructive to the tick, and that in any of its stages it may transmit the disease for at least a period of several weeks after being infected, makes the fact that the disease in Idaho seems to be so intimately associated with the sheep industry, explainable by one of the following conditions:

1. The sheep, sheep-dog, horse, jackrabbit, gopher, ground squirrel, chipmunk, coyote, or badger, any or all of them, may be subject to spotted fever in Nature; the tick becoming inoculated by feeding on the sick animal, and then carrying the infection to man. Or,

2. Great numbers of female ticks are infected by man during the spotted fever season and, through their progeny, carry the infection over to the following spring.

Both are, in my opinion, very probable conditions; the sheep, dogs, horses, and wild animals acting as common carriers or distributors of the infected ticks, and this would explain the casual relation of the sheep industry to our spotted fever.

CLINICAL PHASES OF ROCKY MOUNTAIN SPOTTED FEVER

By J. L. STEWART, M. D. and W. F. SMITH, M. D.
Boise, Idaho

Read before the Idaho State Medical Association, October, 1908

In summing up the clinical phases of this disease, we wish to call attention to the fact that the disease was first described in a paper in the Medical Sentinel, October, 1899, by one of our own colleagues, Dr. E. E. Maxey, of this city.

In this paper he describes the disease as being an "acute endemic, non-contagious, but probably infectious disease, characterized clinically by a continuous moderately high fever, arthritic and muscular pains and a petechial or purpuric eruption in the skin, appearing first on the ankles, wrists and forehead, but rapidly spreading to all parts of the body."

In going over the clinical phases of this disease today, it seems that in this description Dr. Maxey has very fairly covered the ground. There are, however, some variations in the above description at times, and certain clinical phases of the disease have since been noted that

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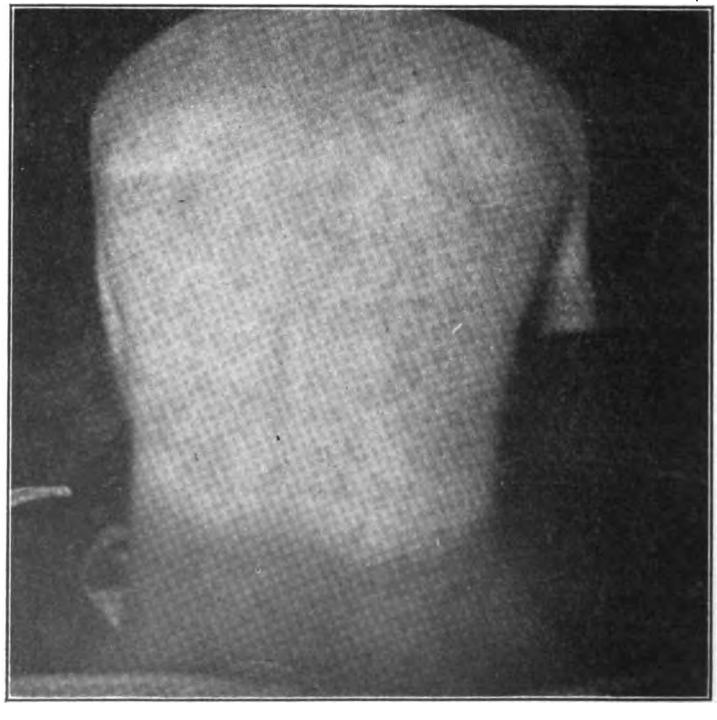
seem to add somewhat to the knowledge of the disease. Certain complications occur in the course of, and following this disease that will bear mentioning.

As observed in this state, the disease usually begins with a general feeling of malaise, chilly sensations and occasionally a distinct chill, and general pains all over the body, especially in the back and lower limbs, the pain in the limbs resembling the beginning of an attack of acute articular rheumatism. Instead of being a marked pain, it is more of a stiffness or soreness of the knees and ankles. The calf of the leg is usually the most sensitive and painful portion of the body during the course of the disease. These patients sometimes have headache; not often, however. Nose bleed occasionally occurs, but not frequently. The tongue is coated with a white fur which later in the disease becomes brown. It is usually dry and sometimes cracked in the middle, the edges being moist. In some cases vomiting is said to occur, but this has not been noted by us.

Constipation is practically always present and usually very obstinate; perhaps more so than in any other acute infectious disease. The conjunctiva at first shows only slight congestion, which later becomes a little muddy in character, and still later in the disease, as the eruption involves the lids, becomes quite red and often hemorrhagic.



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In from three to five days a characteristic eruption begins to appear, usually at first upon the back, the ankles and wrists; later this spreads to the limbs and the body and lastly seems to involve the forehead, eyelids and ears. A certain peculiarity of the eruption is that during the second week it becomes noticeable in the palms of the hands and on the soles of the feet. Late in the disease, this eruption can be seen on the soft palate, the posterior pharyngeal wall, and pillars of the fauces, and occasionally on the buccal membrane.

The appearance of this eruption seems to have but little influence upon the course of the temperature. The eruption at first is macular, and in many instances observed, in fair-skinned people, resembles measles. It is rather bright red in character, at first very fine, of a

pin point character and gradually becomes blotchy and slightly elevated frequently coalescing.

These spots do not all appear at once, but seem to develop in successive crops until the whole body is covered. As the spots become older, they gradually become darker in color and change from a reddish to more of a brownish hue and finally become hemorrhagic, at the same time losing the macular elevation. Hemorrhage does not occur in all of the spots except in the most severe cases.

The life of any given crop of spots is about 14 days, when they gradually undergo resolution, leaving a brownish spot which is due

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to a deposit of iron pigment, and which may fade entirely in the course of a few weeks, or in some instances, may remain for years. These old spots are more visible in cold weather. Following resolution there is some destruction of the overlying skin accompanied by desquamation.

In very severe cases observed, on the ankles and lower limbs these spots may coalesce, forming a large hemorrhagic area which resembles purpura hemorrhagica. In some instances, the spots are thickly planted but do not coalesce, and often times resemble a true

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case of rheumatic purpura. Where a large hemorrhagic area exists on the hands and feet, the desquamation at time is very marked, even forming casts of the fingers.

When the disease is severe the eruption is marked in the throat and scrotum, and the desquamation following this severe hemorrhagic condition frequently results in the sloughing of the palate, the pharynx and scrotum. It also has been noted by us that in the cases where the spots are primarily large and few in number, the disease is prone to be mild and it occasionally happens that patients have been able to continue their vocations during the entire course of the disease.

The fever accompanying this disease is of a continuous type, with slight morning remissions. This usually begins with a temperature of 100 to 101 in the afternoon, gradually increasing over a period of 12 to 14 days until the maximum is reached, which is 104 or 105 in the afternoon. This is followed by a gradual decline (Lysis).

Normal temperature is generally reached at the end of three weeks. In the course of this disase, it frequently happens that after a run of seven or eight days there is a slight drop in the temperature which may last 24 to 36 hours when the temperature again finds its maximum height and following this there is an appearance of many more spots.

After the first week there is usually delirium, varying from a mild degree to a maniacal condition. This has especially been noticed in fleshy people. Late in a severe attack there may be a semi-comatose condition lasting several days, especially in the aged.

In many of the cases there is bronchitis, and in alcoholics there

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seems to be a special tendency to pneumonia. The spleen is always enlarged and the liver is sometimes enlarged. The pulse is said by Anders to be rapid and weak, but in our experience it has always been noted as slow and full, excepting, perhaps, in the very late stages of fatal cases.

The urine is found to be scant, highly colored, and occasionally hematuria is present, only rarely albumen. We have examined the urine in 23 cases and found albumen present in only one.

Examination of the blood with the microscope shows it to contain the debris of broken-down red blood corpuscles, and iron pigment. There is said to be slight leucocytosis, and the hemaglobin is always reduced even as much as 50 per cent in some cases.

The following complications have been observed in the course of, and following this disease. Sloughing of the palate and pharyngeal mucous membrane and sloughing of the scrotum. Bronchitis complicates a great number of the cases and in alcoholics pneumonia is liable to occur.

In the fatal cases we have observed that death seemed to be due to intense intoxication and cardiac dilatation. In one case, the disease was followed by acute mania which lasted for about two months. This patient, so far as we know, has fully recovered.

No cases of nephritis have developed in our experience, and no abdominal complications have been noted. It is not known whether the bronchial condition is ever followed by tubercular condition or not, and no intercurrent diseases have been noted, except possibly pneumonia, which may be due to the intoxication, and not a specific lobar pneumonia.

In the later stages of the disease cyanosis appears which is more marked in the aged. This is probably due to the destruction of the hemaglobin and the resulting deficient aeration.

PERIOD OF INCUBATION.

In our experience only a few cases come under observation that have afforded an opportunity to definitely determine the period of incubation. We have observed several cases in which the incubation period was apparently from five to seven days.

In the 121 cases reported by Anderson from the Bitter Root Valley, 84 were fatal. The mortality in this state is very much less, probably only 5 to 10 per cent, by estimation. This being the case, it is probable that there is some difference in the various symptoms, and also it is possible that there are other complications than those which we have noted. In the symptoms as noted by Anderson, the pulse is said to be rapid, which might be accounted for by the severity of the disease in that locality; otherwise, the symptoms seem to be much the same in both localities, being milder in this region.

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RECENT STUDIES OF ROCKY MOUNTAIN SPOTTED FEVER IN MONTANA AND IDAHO

By H. T. RICKETTS, M. D.

Read before the Idaho State Medical Association, October, 1908

Before proceeding with the immediate subject of my paper it would lend to consecutiveness to present a brief summary of the results of investigations which were completed prior to April of 1908. This work may be referred to under three headings.

1. THE CHARACTER OF THE DISEASE.

The condition in spotted fever is that of a generalized invasion of the body by a micro-organism, which, as yet, is unrecognized and uncultivated. That this is true has been shown by the fact that the disease may be reproduced in the guinea-pig or monkey by injecting into them the blood of human patients, and that it may be maintained indefinitely in these animals by the method of passage. One strain has been kept alive for two and a half years in this way.

It has been learned that spotted fever in animals and hence presumptively in man, is exclusively an acute infection. Perhaps for the sake of caution one should not generalize too freely, but it may, at any rate, be stated that among the ten or twelve species studied it has never been observed as a chronic infection. Furthermore, recovery from spotted fever is followed by a very strong and protracted immunity. The female guinea-pig, which has recovered, transfers the immunity to her young, but the immunity of the latter is not permanent like that of the former. The immunity of the young is passive in character, while that of the mother is active.

2. THE MEANS OF TRANSMISSION.

A large mass of evidence proves beyond reasonable doubt that man is infected by the bite of a tick. The chief facts which support this contention are the following:

1st. The season of spotted fever coincides with the period of prevalence of the adult tick which attacks man with avidity. (The tick rarely feeds on man during its larval and nymphal stages which are prevalent at other periods of the year).

2nd. It is possible to infect the normal tick of the Bitter Root Valley at will by allowing it to feed on an infected animal, its infection being proved by permitting it to bite the healthy guinea-pig later.

3rd. Infected ticks were discovered in nature in the Bitter Root Valley in the spring of 1907.

4th. The final touch needed to put the theory on an impregnable basis was the experimental infection of man by means of the tick. I

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speak of this as the final step, logically, but as a matter of fact, the experiment was performed decisively and successfully by Drs. McCalla and Brereton a year before my work was begun.

Many other interesting and important facts bearing on the relation of the tick to the disease, and the disease to the tick have been brought to light. It has been learned that the disease may be kept alive from one year to the next through hereditary infection of the tick. The normal tick may acquire the disease as a larva or a nymph and retain it during its subsequent active stages until death. The male as well as the female may acquire and transmit the disease. By dissection and inoculation experiments the presence of the micro-organism in both the alimentary sac and salivary glands has been demonstrated.

By a study of the life history of the tick (in the Bitter Root Valley) the limitation of the disease to the spring months and its failure to extend from the west to the east side of the valley, have become intelligible. At the same time it has been learned that extension is not impossible, and unless precautions are taken to prevent it, may be expected to occur in the course of time.

A careful study of the conditions and habits of the tick suggested that animals other than man, namely some of the small wild animals, probably suffer from spotted fever also, and that alternation of the disease between the tick and the susceptible animal (or animals) is the sine qua non for the continued existence of the disease. Work carried on during the past summer, to which I shall refer later, has reduced this to a practical certainty.

3. THE PRACTICAL APPLICATION OF THE OBSERVATIONS WHICH HAVE BEEN MADE.

With the accurate knowledge that the tick is the means by which spotted fever is conveyed, certain preventive measures become manifest.

1st. The avoidance of localities in the spring which are known to harbor infected ticks.

2nd. Individual precaution on the part of those who from necessity of occupation are exposed to infection.

3rd. Measures to decrease the number of ticks in localities where the disease is known to exist. Probably the most important of these is to oil the horses, cows and other domesticated animals known to harbor ticks, this process to be resorted to during the season when the latter mature and prepare to lay eggs, *i. e.*, in the Bitter Root Valley, from the latter part of February until the middle or latter part of June. This is the method which has been so successful in the war against the Texas fever of cattle in the Southern states, and it is effective because it renders impossible the laying of eggs for the next year's crop of ticks.

Another valuable aid in ridding land of ticks is the clearing off of brush and timber which protect the tick, its eggs and its young from the destructive effect of the sun's rays.

From observations made during the past summer, it seems that certain of the small, burrowing animals and other rodents, as

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the ground squirrel, wood-chuck or ground-hog, rock squirrel, chipmonk, pine squirrel, the rabbit and others, are important agents in keeping the ticks alive, inasmuch as they serve very extensively as hosts for the tick, particularly during the larval and nymphal stages. Hence, the destruction of these animals, so far as possible, on a ranch, would be an important step in rendering it free from ticks.

Naturally, there are limitations to the effectiveness of each of these methods, and to all of them combined, inasmuch as we cannot hope for the complete extermination of the tick. But on the other hand, there is satisfactory evidence to show that complete extermination of the tick, even in infected districts, will not be necessary in order to keep spotted fever at a very low ebb, or indeed to prevent it altogether.

Other practical phases of the results obtained prior to April, 1908, concern the questions of serum therapy, serum prevention and vaccination. It was discovered that the serum of animals which had been infected with spotted fever and which had been recovered, possesses strong protective powers, and a moderate curative power in animal experiments. This was given a practical trial in man during the past season and will be referred to again.

It was also discovered that protective inoculation, or vaccination, by means of the method of mixed immunization, or sero-vaccination, may be applied successfully in animal experiments.

There are good reasons for believing that it would be equally effective in preventing the disease in man, but further experimental work bearing on the comparative susceptibility of man and the guinea-pig is demanded before the application of the method to man could be advocated. Briefly, the method consists of the inoculation of a mixture of immune serum and active virus, the two components being so proportioned that an exceedingly mild attack of spotted fever results, having a duration of from one to three days. The immunity which results is lasting.

After this brief and incomplete summary of previous results, I may proceed with an account of the work carried on in Idaho and Montana since last spring..

WORK ON THE IDAHO DISEASE.

You are no doubt aware that spotted fever in Idaho is a much milder disease than it is in the Bitter Root Valley in Montana, and the difference in mortality is so great and so constant that the question might well arise as to whether we are justified in considering them identical processes. Variations in the virulence of a particular infectious disease from one year to the next, or temporarily in one locality as compared with another, are common enough. But for the same disease to have in one locality a mortality of from 2 to 10 per cent over a period of years, and in another locality a mortality of 80 per cent over a period of twenty consecutive years, is a condition for which it would be difficult to find an analogy, especially since the climatic conditions and altitude of the two localities are so similar.

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It was my privilege last spring, through the kindness of physicians in Boise and in Mountain Home, to see and examine somewhat superficially a number of cases of the Idaho disease, and from the character of the eruption, lymphatic enlargement, the general appearance and symptomatology, and from all that I could learn of the onset, duration, character of fever and convalescence, it would be impossible to distinguish the infection clinically from the spotted fever of Montana. This conclusion seemed all the more warranted since in Idaho also it is a disease of the spring months, coinciding with the season of the adult stage of your predominating tick, and since, also, tick bites a few days preceding the onset of illness is the customary history.

In addition to these points of general similarity, it was possible to identify the Idaho and Montana diseases still more closely by certain lines of experimentation, the results of which may be given briefly. If the two are identical or closely related it would be expected that the blood from Idaho patients would reproduce the disease in the guinea-pig, just as constantly and typically as when the blood of Montana patients is inoculated. (As I have reported elsewhere, the inoculation, followed by an incubation period of from three to six days, causes a high continuous fever, with a cutaneous eruption, which becomes hemorrhagic, and in the males is accompanied by swelling of the scrotum, which usually becomes infiltrated with blood and very commonly shows a greater or less degree of gangrene. The ears may also become gangrenous. At autopsy the chief findings are a massive enlargement of the spleen, and an enlarged and hemorrhagic condition of the lymph glands). Such inoculations were made from two patients, one a case of Dr. Stewart's, in Boise, and another, of Dr. Mather's, in Mountain Home. The first was called the "Riley" strain, and the second the "Carpenter" strain, from the names of the patients. Healthy guinea-pigs were inoculated with the Riley strain, one receiving 5 c.c. of the patient's blood and the other 2 c.c. Only the former developed the disease. After an incubation period of five days the temperature rose to 104.5 and in a few days reached a high point of 105.5, after which it gradually returned to normal, the animal recovering. Swelling of the scrotum began on the second day of fever, it was eventually infiltrated with blood and a large part of it became involved in a gangrenous process. The attempt was made to pass the disease into a second generation of guinea-pigs by injecting blood which was taken from the first animal on the second day of fever. About 2 c.c. of blood were used in this attempted passage, but it was without effect. In transferring the Montana disease from guinea-pig to guinea-pig 0.02 or 0.03 c.c. usually is sufficient to infect, hence the question must be considered as to whether the Idaho disease is less virulent for the guinea-pig than the Montana disease. It is somewhat surprising that the second animal which received 2 c.c. of the blood of the patient Riley failed to develop spotted fever. This cannot be explained positively, but since the blood was taken late in the course of the disease, it is possible that

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the number of micro-organisms had decreased to such an extent that 2 c.c. did not contain an infective dose. Another explanation is the possible native low virulence of the Idaho strain for the guinea-pig just referred to. The former seems to be the more rational explanation in view of the experiment with the Carpenter strain.

Two guinea-pigs were also inoculated with blood from the patient Carpenter, one receiving 5 and the other 2 c.c., in this instance the blood being drawn early in the course of the disease. Both animals developed fever after an incubation period of two days, and both died—one in seven, the other in ten days. The clinical course and changes found at autopsy were identical with those seen in the guinea-pig infected with the Montana disease. On the third day of fever 2.5 c.c. of blood from one of these animals were injected into a normal guinea-pig in order to keep the disease alive; this was called the second passage. The incubation period was prolonged to four days, but the animal ran a severe course of fever and died two weeks after inoculation, with clinical and anatomic findings typical for spotted fever in the guinea-pig. Two and one-half c.c. of blood drawn from this animal on the third day of fever and injected into another normal guinea-pig constituted the third passage, and the result presaged the loss of the strain. After an incubation period of five days the temperature rose to 104.4, near which point it remained for three days, when it gradually returned to normal. That it had actually suffered from a mild attack of spotted fever was shown by the negative outcome of an "immunity test" given two months later. This consisted of the injection of 1.0 c.c. of the Montana virus representing close to 100 pathogenic doses. The injection was without effect. An attack of spotted fever, however mild, causes strong and lasting immunity. The attempted fourth passage with blood drawn from the preceding animal on the fourth day of fever, failed entirely and the strain was lost.

Thus in two instances the Idaho strain was lost in the guinea-pig, under conditions which have always resulted successfully in maintaining the Montana disease. In both instances the Idaho disease seems to have died a natural death, which again justifies the thought that it may be less virulent for the guinea-pig than is the Montana disease. This phase needs further study.

These inoculation experiments strengthen the belief that the Idaho and Montana diseases are identical, but it was possible to bring more decisive evidence in the form of immunity tests. As part of the equipment brought to Idaho last spring were a number of guinea-pigs, which had recovered from the Montana disease, and their subsequent immunity to the Montana disease had been proved by inoculation. Now, acquired immunity to an infectious disease is ordinarily so specific that it would be almost mandatory to conclude that the Idaho and Montana diseases are either identical or intimately related, provided the guinea-pigs just mentioned were also immune to the Idaho disease. In brief, this was the outcome: Two immune (Montana) animals were inoculated with the blood from Riley, and two with that from

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Carpenter, one with 5 c.c. and the other with 2 c.c in each instance, and no disturbance of temperature or other abnormality could be noted as a consequence. That the converse is also true, namely, that a guinea-pig which has recovered from the Idaho disease is immune to that of Montana was shown by the animal used for the third Carpenter passage (cited above). Similar results have been obtained by testing the protective power of serum derived from patients who have recovered, but inasmuch as this work is still incomplete it need not be discussed further now. It is to be understood that these immunity tests were not carried to fine points. It is, of course, possible that one may have a higher grade of immunity than the other; and assuming that the organisms in the two diseases are not identical biologically, the Idaho disease may have a higher immunity against itself than against the Montana disease and the corresponding possibility exists in relation to the Montana disease.

Certain experiments on transmission of the disease by ticks were outlined and carried out in part. The questions involved were:

1. Is a certain tick, which seems to be the prevailing tick in the neighborhood of Boise and Mountain Home, capable of acquiring and transmitting spotted fever?

2. Can this Idaho tick acquire and transmit the spotted fever of Montana?

3. Can the spotted fever tick of Montana acquire and transmit the spotted fever of Idaho?

4. What effect on virulence has the cultivation of the Idaho disease in the Montana tick and of the Montana disease in the Idaho tick?

The fourth question is still unanswered. The first and second questions were answered positively in one experiment.

On May 9, 1908, a male tick from Idaho (a Dermacentor, but not identical with the Montana tick) was placed on a guinea-pig (1333) which was sick with the Montana disease. It fed on this animal for about 165 hours, or until the latter died. On the following day it was placed on a normal guinea-pig (1352) on which it fed for about 180 hours. On the eighth day following attachment of the tick the temperature of the guinea-pig rose to 104.1 and on succeeding days registered at 105.8, 106.4, 105.8, then subnormal for one day, death occurring fourteen days after the tick became attached. The findings at autopsy were typical for spotted fever.

In order to determine whether the Montana tick will contract the Idaho disease, several individuals taken from Mt. Sentinal, where spotted fever does not exist, were allowed to feed on the guinea-pig designated as the "second Carpenter passage." Two days after the death of this animal they were placed with a normal guinea-pig and allowed to feed at will. Most of them became attached within three days. On the eighth day the temperature of the animal rose to 105.5, near where it remained for several days, but gradually returned to normal, the animal recovering. This seemed to be a mild attack and

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was not decisive, hence to prove the infection, if possible, blood was drawn on the third day of fever and injected into a normal animal. The latter developed a typical course of fever with enlargement of the scrotum. For further data the passage was continued from one guinea-pig to another successfully, until the sixth transmission was made, when it unaccountably refused to develop further. This may be further evidence of comparatively low virulence of the Idaho disease for the guinea-pig.

RECENT INVESTIGATIONS IN MONTANA.

Concerning the investigations carried on in Montana during the past spring and summer, I may deal somewhat briefly, omitting a considerable mass of experimental details.

The course that the work should follow was indicated by the unavoidable conclusion that there is some susceptible animal or perhaps several species of animals on which the continued existence of spotted fever depends. The disease must pass from tick to animal and from animal to tick in an unending alternation.

In order to increase the chance of obtaining results of practical value, and with the aim of avoiding useless work, the different species of animals selected for study were chosen because certain general conditions pointed to them as most open to suspicion as carriers of spotted fever. The horse and cow were eliminated from the study for the time being because previous inoculations showed a low susceptibility. Spotted fever in the Bitter Root Vaalley is rather sharply localized, and for this reason it seemed probable that the animal or animals which become infected naturally with spotted fever are among those which are inclined to segregate. Assuming this reasoning to be correct, it was decided for the present at any rate to ignore birds and the larger wandering animals and to concentrate the work on those species which show a tendency to a permanent abode. It happens that this limitation singled out a number of small animals for study, particularly the gopher or ground-squirrel, wood-chuck, or ground-hog, chipmonk, rock-squirrel, pine-squirrel, mountain rat, the various rabbits, and a number of others. It was also considered wise to study only those animals which serve as natural hosts for the tick, for no other animal could well be concerned in the maintenance of the disease. As it happens, however, this limitation did not cut down the number of animals requiring study. The number, in fact, was found so large that it was impossible to cover them in one season's work.

It will be remembered that Wilson and Chowning suggested that the tick may derive its spotted fever from the gopher or ground-squirrel of the Bitter Root Valley. In the summer of 1907 it was found that a certain percentage of the gophers could be infected by inoculation, as shown by a very irregular course of fever, and by positive results when in a few instances reinoculation from gopher to guinea-pig was made. At that time it was suspected that susceptibility of the gopher was irregular because some of the inoculated animals showed no fever. Hence, the first point to be investigated

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during the past season was whether the gopher may pass through an attack of spotted fever without showing a rise of temperature, as observed per rectum. A series of gophers was inoculated and after allowing for a reasonable incubation period, blood was drawn from each, regardless of the temperature of the animal, and injected into guinea-pigs. The inoculations showed that all the gophers were infected, even those the temperature of which remained normal or even subnormal. This complicated further work greatly, but nevertheless it gave a valuable point in technique, for it became manifest that, in order to determine the presence or absence of spotted fever in the gopher, it would be necessary to transfer blood from this animal to the guinea-pig in each instance. Furthermore, subsequent developments showed that the same technique was necessary for the recognition of the disease in all the other small animals studied.

Following the line of work adopted for the gopher, the susceptibility of the wood-chuck, chip-monk, rock-squirrel and mountain rat were determined by inoculation. This was not determined in a comparative or quantitative manner, but roughly so as to form the basis for further work. It was an unexpected result to find that all five species are susceptible, the wood-chuck, gopher and chipmonk probably suffering more severely than the rock-squirrel and mountain rat.

The susceptibility of this group of animals when inoculated with blood from the infected guinea-pig might not coincide with their susceptibility to the bite of the infected tick, inasmuch as a difference in hosts might cause a difference in virulence on the part of the organism. Hence, it was decided to imitate natural conditions so far as possible, and with this end in view, so-called "tick-cycle" experiments were inaugurated. The following steps were involved:

1. To allow an infected tick to bite the wild animal, after the infectivity of the tick had been proved on the guinea-pig.
2. After a reasonable incubation period, to draw blood from the wild animal for the inoculation of a guinea-pig, in order to determine the infection or non-infection of the wild animal.
3. At the time the blood was drawn, to place a number of normal ticks on the animal, to accomplish their infection if possible.
4. To test the infectivity of the latter ticks by allowing them to feed on a normal guinea-pig.

By following this method successful "tick-cycle" experiments were eventually obtained with the gopher, wood-chuck and rock-squirrel. The results with the chipmonk have practically the same value, although the "cycles" were broken. No difficulty was found in infecting the chipmonk with the tick; and, similarly, when the animal was infected by inoculation, it transmitted the disease to the normal tick readily. Further work of this character could not be completed during the time at disposal for the work.

We are hardly in a position at present to appreciate the full significance of the experiments cited. It must be remembered that they are only preliminary and that the ultimate purpose was to find the animal

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or animals which actually do suffer from spotted fever in nature. The experiments show only that certain animals are susceptible to spotted fever under conditions which approximate the natural very closely. They are all hosts for the tick and they inhabit the districts where infected ticks are known to exist, hence the temptation is strong to conclude that a certain percentage of them must, sooner or later, contract the disease, and in the event that this happens, the opportunity is created for the infection of additional ticks which may be feeding on the animal at the time.

It is the intention to extend these experiments to the other species of animals mentioned, and after all this preliminary work is concluded, to attempt to discover which animals actually suffer from the infection in nature. I shall not at present burden you with a description of the methods to be pursued.

It would be an important matter to know the reason for the marked difference in mortality between the diseases of Idaho and Montana, and whether at some future time it may be possible for the former to become more virulent and the latter less virulent.

There are two conditions to consider, either of which, theoretically, might account for the difference. First, the Idaho tick, which has been studied recently, is specifically different from the spotted fever tick of Montana. It is uniformly smaller, the markings of the shield are different, and comparative measurements of the egg, the fresh and enlarged larva, and the fresh and enlarged nymph, show them to be constantly smaller than the tick from Montana. Both are members of the genus, Dermacentor.

Second, it is possible that the animal or animals which play a part in the maintenance of the disease in Idaho differ specifically from those which play the same role in Montana. There is, for example, a gopher or ground-squirrel in Idaho which is not found in the Bitter Root Valley. That a difference in the tick host or the animal host might cause the variation in virulence is a possibility for which there is a greal deal of experimental basis in other infectious diseases. This consideration emphasizes the importance of studying carefully the susceptibility, of the various animals in both localities, and the behaviour of the virus in them, as well as in the two species of tick.

The serum which was given a practical trial in several cases in the Bitter Root Valley last spring was obtained from the horse. The animal was infected by the injection of a large amount of blood from diseased guinea-pigs. After recovery its serum was obtained and in tests performed on the guinea-pig was found to have a fairly high protective power and a moderate curative effect when given early and in large doses. From 0.2 to 0.4 c.c. protected against approximately 100 pathogenic doses of the virus. A curative effect could not be obtained after fever had existed for three days, even when large quantities of the serum were administerd. Inasmuch as human cases are rarely seen by the physician until they have been ill for from two to several days, a pronounced effect of the serum was not

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to be anticipated, but the possibility that the severity of the infection might be lessened justified its trial. Briefly stated, the results were not favorable to the serum, although it was apparently harmless even in very large doses. It was given in various amounts to eight cases, and in two of these subcutaneous injection was supplemented by intravenous application. It is true that the mortality of about 60 per cent was somewhat lower than is customary, but the number of cases treated was too few to afford a just basis for comparison.

The possibility of future success in serum therapy depends on two conditions. First, numerous analogies teach us that, if our serum is bactericidal in quality rather than antitoxic, there is little hope for its success, no matter how powerful it may be. Unfortunately, the nature of the serum cannot be determined positively until the organism can be cultivated. Second, assuming that the serum is antitoxic in nature it will be impossible to increase its power to a desirable extent unless the organism can be cultivated artificially. In no other way could the toxin be obtained in quantities requisite for satisfactory immunization of the horse. Attempts to cultivate the micro-organism are to be continued this winter.

SOME INDICATIONS FOR STATE CONTROL OF ROCKY MOUNTAIN TICK FEVER

By T. D. TUTTLE, M. D.
Secretary State Board of Health, Helena, Montana

Read before the Idaho State Medical Association, October, 1908

So far as we have any record, this disease first appeared in Montana in the spring of 1885, the first case having been seen by Dr. Coughenour, of Corvallis, and diagnosed as typhoid fever. Since that time the disease has increased in the number of cases reported and the death rate from the disease has varied from 60 to 90 per cent, it appearing to be more fatal during some years than others.

In just what year the disease appeared in Idaho I have no data. The first statement regarding it of which I have any record is an article by Dr. Maxey, published in 1899, but from all information I have been able to gain it is probable that the disease appeared in

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Idaho, at at least as early a date as it did in Montana, and it probably appeared in Idaho before it did in Montana. If this is true, the infection extended from Idaho to Montana.

Our records with regard to its appearance in other localities are incomplete, but the disease is now recognized in Montana, Idaho, Washington, Oregon, Wyoming and Utah. While its mortality rate is far higher in the western portion of Montana than in other states, there is reason to believe that it will be as malignant in other localities as it is in the one mentioned, or that it will become as mild in the Bitter Root Valley as it is in other localities unless further study of the disease shows that the tick in the Bitter Root Valley is a different species from that in other localities.

The first attempt at scientific study of this disease in Montana, or rather as to the cause of the disease, was made in 1901, when Dr. Emil Starz, of Helena, under the direction of the Montana State Board of Health, examined the waters and soil of the infected locality and was unable to find any indication whatever that either the water or the soil had anything to do with the cause of the disease.

The following year, 1902, Drs. Louis B. Wilson and Wm. M. Chowning, of the University of Minnesota, were employed by the Montana State Board of Health to study this disease. As a result of their studies they described a haematozoa found in the blood corpuscles of persons suffering from spotted fever and also found this same haematozoa in the gopher. They made a thorough study of the locality of the disease and found that in at least a large majority of the cases there was a history of tick bite.

As a result of their studies they advanced the theory that the tick transmitted this disease to man and that the tick obtained the germ of the disease from the gopher. However, they distinctly state in their report that the matter needs further study and they urge that inoculation experiments be carried out on lower animals.

The following year Dr. John F. Anderson, of the U. S. Public Health and Marine Hospital Service, came into the field and continued this study. In his report to the Surgeon General of the Public Health and Marine Hospital Service, known as Hygienic Laboratory Bulletin No. 14, he states that he was able to distinguish the haematozoa mentioned by Wilson and Chowning.

In regard to this he states:

"Three forms were seen. The most common was a single ovoid body, refractile, situated within the cell, usually near its edge. When the slide is warmed this body possesses the power of projecting quite rapidly pseudopodia and a slight change of position."

In regard to the history of the tick bite he states:

"On a closer study of the cases of spotted (tick) fever, it was always found that there is a history of tick bites about one week before the onset. In four cases there was a history of a single bite or two, three, five and seven days, respectively, before the initial symptoms. The usual time between the bite and the onset of the fever is about seven days. If the tick transmits the disease, it may be

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asked, Why do not more persons become infected, and why is the infection confined to the west bank of the Bitter Root River? I think this may be answered by the very obvious fact that the tick is unable to travel any great distance, unless carried on some person or object. Again, it is very unusual for the tick to bite a person and not be discovered in a short while, and the result is the death of the tick. If, as in Texas fever, the development of a parasite takes place in the female tick, and the young ticks transmit the infection, the very small number of ticks which escape detection on persons explains the small number of infected ticks. Where do the female ticks get their infection? I examined a recovered case twenty-four days after discharge by the physician and had no trouble in finding the parasite in the fresh blood. This child had been out of doors for over two weeks, and if a female tick (ticks were quite numerous near the house) had bitten her and escaped destruction the parasites in the blood taken in by the tick would have undergone development and the young ticks, when hatched out, would be ready to infect prospective victims."

Thus Dr. Anderson confirms both the tick theory and the haematozoa theory of Wilson and Chowning.

The following year Dr. Chas. Wardell Stiles, Chief of Division of Zoology of the Public Health and Marine Hospital Service, came into the field. In his report Dr. Stiles states in brief:

"I have been unable to confirm the hypothesis that this spotted fever is caused by a Pyroplasma, that it is transmitted by ticks, and that it originates in spermophiles (popularly known as gophers)."

"The spermophiles in the Bitter Root Valley are frequently infested with fleas and lice, less frequently wtih ticks, so that even if these rodents harbor a pyroplasma, the tick is not the only arthropod which must be taken into consideration as the possible intermediate host, although a priori consideration would, of course, be in favor of the tick."

"I was unable to confirm the view that all cases of 'spotted fever' are preceded by tick bites. In five of the ten cases I saw I was unable to establish a history of tick bite."

"Despite a total of at least 100 hours' microscopic work on fresh blood, taken at various times night and day from nine cases, I have been unable to find any structure which I can interpret as a protozoon. Likewise 100 hours' work on stained blood from 10 cases gave negative results."

"My work is negative, so far as cause, treatment and prevention are concerned; the greater part of my time was, of course, occupied in testing the present theories regarding the disease, and my results are entirely of a destructive nature."

"The tick theory has caused serious financial loss to the Bitter Root Valley, and has produced an effect which in a few cases bordered on hysteria. In justice to the property interests of the valley, and the peace of mind of the inhabitants, I think no time should be lost

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in publishing the statement that the results of study this year have absolutely and totally failed to confirm this hypothesis."

In 1905 Dr. Francis, of the Public Health and Marine Hospital Service, was sent into the field, and the results of his studies were entirely negative.

Hence, in the spring of 1906 we find matters in this position. Drs. Wilson and Chowning and Anderson had advanced and supported the tick theory and had ascribed the haematozoa found in the blood of infected persons. But this theory had been contradicted by Dr. Stiles, and not supported, at least, by Dr. Francis. In the meantime, there had been various discussions in medical societies relative to this disease, and these discussions resulted in Dr. H. T. Ricketts, of the Chicago University, taking up the study of this subject.

During the summer of 1906 Dr. Ricketts studied this disease and at the same time Dr. W. W. King, of the Public Health and Marine Hospital Service, was in the field.

It is interesting to note that up to this time, 1906, none of the reports of the various investigators indicate that any effort was made to inoculate lower animals with this disease, if we except the single effort made by Wilson and Chowning to inoculate the rabbit.

During the spring and summer of 1906, Dr. Ricketts and Dr. King both succeeded in inoculating monkeys and guinea-pigs with this disease. Further than this, both succeeded in transmitting the disease from guinea pig to guinea pig by the bite of the tick. Thus the tick theory was again brought strongly to the front, it being demonstrated beyond doubt that the tick, having bitten an infected guinea pig could and did transmit the disease to another guinea pig on biting the second pig.

Neither Dr. King nor Dr. Ricketts was able to find the haematozoa described by Wilson, Chowning and Anderson, and so far as I have been able to learn, neither of these investigators has been able to find any peculiar germ in the blood of infected persons or animals up to date.

During the summer of 1907, Drs. King and Ricketts were again in the field, and continued the study of this disease, and the relation of the tick in connection therewith.

Dr. Ricketts succeeded in repeatedly transmitting the disease from animal to animal by the bite of the tick, and more than this, he succeeded in giving the disease to a guinea pig by the bite of ticks collected from their natural localities, thus showing that the tick in nature is capable of transmitting the disease.

Further than this, Dr. Ricketts made a careful study of the life history of the tick, and this study has continued up to the present time.

As a result, we learn that the tick goes through several stages of development and that in its different stages it is found feeding on different animals.

Further than this, it is found that in all probability the tick does not at any stage in its development feed upon vegetable matter.

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The life history of the tick in the Bitter Root Valley, as found by Dr. Ricketts, is in brief as follows:

The female tick lays her eggs at any period from March to June or July. In seasons when the spring opens early the eggs are laid at earlier dates. These eggs require from 30 to 50 days to hatch in warm weather, as in July, but in cold weather hatching my be delayed for several months.

After the egg is hatched we do not find the full fledged tick, but the larva, which is a minute brownish red tick, the male not being distinguished from the female. This tick must secure natural food, that is, it must become attached to an animal. Unless this is accomplished within the course of two or three weeks a large percentage of them will die, and it must be assumed that a very large percentage of them do die, as a female tick lays from several hundred to three or four thousand eggs, and if a large percentage of them did not die the country would be simply flooded with ticks.

After three to five days feeding on some warm blooded animal, the larvae drop off and become quiescent and are apparently dead. They remain in this state for about two weeks, after which they become active and immerge from a snowy white shell. At this stage they are called nymphs and have four pairs of legs. It is now necessary that the tick or nymph, as it is called at this stage, shall again find a host in the form of a warm-blooded animal, and in this stage many of the ticks die for lack of nourishment.

The feeding period at this stage is longer than during the larval stage, it requiring from four to eight days for the tick to complete its feeding. At the end of this time the tick drops from the animal and wanders about for a variable period of time, depending largely upon the temperature of the surrounding atmosphere. In warm weather this varies from two to four weeks, whereas in cool weather it may extend as long or longer than three months.

Eventually it becomes quiescent and apparently dead. In this state it may remain for a period of from one week to three months, after which the shedding process is repeated and the full fledged tick, so familiar in the spring, comes forth. Then follows another period of quiescence before the tick is ready to feed again.

Therefore, in order to study the animals upon which ticks feed, it is necessary to follow the ticks in each of the three stages of development, and in doing so we find that while it is uncommon to find the ticks in any numbers in their last stage of development upon gophers, we do find them in great abundance in both the larval and nymphal stages upon gophers and other rodents. And not only upon rodents, but upon horses, cattle and other domestic animals.

However, the study of this disease, and with it, the life history of the tick, has brought out the fact that the question of suppressing the disease does not depend upon the question of where the tick feeds, to as large an extent as anticipated, as it is probable that the disease is one not only given to man by the bite of a tick, but one that lives in the tick itself and is not secured by the tick from its hosts.

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In his studies Dr. Ricketts has found no animal that transmits the disease to its young, and when an animal is infected with spotted fever the disease can be transmitted from such animal to another only during the period of acute illness, never after recovery has taken place, whereas it is found that an infected female tick or a female tick biting an infected animal not only is capable of transmitting the disease to other animals, but that her young is capable of transmitting the disease in each of the stages of its development.

However, you will note, if you read Dr. Rickett's report on the subject, that the question is not positively settled as to whether the tick is entirely responsible for the disease or whether it secures the infection from some animal.

This very question is one that demands state interference; that is, state work. The study of this disease must be continued. In presenting this matter to your people you will be confronted with the same proposition that we have been confronted with in Montana; but, fortunately, only in one instance. That is, your local newspapers, not realizing the character of the work required in the study of a problem of this kind, will print editorials stating that this work should be performed by a local man.

I do not believe there is a man in Montana, of any standing in the profession, and I doubt if there is one in Idaho, who would be willing to take up the study of this disease in its present stage. We know that two men at least, of national reputation, have flatly contradicted each other in regard to this disease, and we realize that any statement made in connection with the study of this disease must be made by a man of national repute if it is to bear any weight whatever. Hence, it is important that the local newspaper editors, not realizing these facts, must be informed, and all interference must be counteracted by the uniform action of the medical profession of the states involved.

I do not mean to insinuate that there are not men in the profession, both in Montana and Idaho, who are perfectly capable of carrying on an investigation of this kind, but I know of none, in either state, with a reputation in this line of work, and it is not right to delay the work while waiting for one of these men to establish a reputation of sufficient degree to make his report carry weight.

Montana has been extremely fortunate in having the services of a man of the standing of Dr. H. T. Ricketts. His services have been rendered absolutely without cost to the state for three years, with the exception that his actual and necessary expenses have been paid during the last two years.

With our present information, the fight against spotted fever becomes a fight against the tick, and the question is, What is the best method to pursue in the fight against the tick?

In this matter we have an illustration in the fight being made against tick fever in the Texas cattle. This disease is being eradicated by the destruction of the tick, and the destruction of the tick is secured by removing the animal upon which it feeds, or rather by placing

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that animal in a condition in which the tick will not feed upon it. This is accomplished by oiling the animals with crude oil.

In the fight against spotted fever it will be necessary to eliminate the tick from the inhabited districts by requiring that all animals upon which ticks are known to feed in any stage of their development, frequenting such localities, be oiled at such intervals as to prevent the tick from feeding upon them. It being known that certain rodents are the hosts of ticks in certain stages of their development, it becomes necessary that these rodents be eliminated, it being impossible, of course, to oil them.

This oiling process will, of course, cost some money, and the question is whether the lives of those who are destroyed by this disease are worth the cost of oiling domsetic animals.

At first thought we answer "Certainly, one life is worth all that it would cost to oil the animals in the infected district." People admit this, and yet they deny it in their actions. They deny it every time the legislature makes an appropriation for State Board of Health work. For instance, Montana appropriates $75,000 for the protection of her domestic animals and $6,000 for the protection of the health of her people.

But in this spotted fever question there is something that will come home to the people of the district involved, and that is the value of lands in such districts. Land in the Bitter Root Valley in the infected district, ought to, and would, bring from $200 to $500 per acre, were it not for this disease. Time after time I have received enquiries from persons anticipating purchasing land in the infected district, relative to the prevalence of spotted fever, and the mortality therefrom. In replying to these letters it is necessary that I give the facts as shown by the records in our office, and these facts have invariably stopped the deal. People will not purchase land in such a district.

Some newspapers state that only a small area is infected, and yet cases are reported from Darby, at one end of the Bitter Root Valley, and Missoula, at the other end. While the cases are confined to one side of the Valley, it is not improbable that at any day an infected animal may reach the other side of the valley, where it may be bitten by a tick, that tick hatching her young and thus spreading the infcetion to that side of the valley.

This depreciation of land values the people will listen to. If properly brought before the legislature by the states involved, money will be provided for the fight against this disease.

With our present knowledge there is but one line of fight to be taken up, namely, the fight against the tick, which must be conducted by oiling the domestic animals and eliminating the non-domestic animals known to serve as hosts for the tick.

With the money appropriated by the various legislatures to carry on this fight we are confronted with objections advanced by the people of the localities. You will find a man who can possibly read the headlines of a newspaper, but nothing more, who will sit up

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and state that he does not believe in the tick theory, and he doesn't propose that his cattle shall be oiled. You will find another of the class of country school teachers, who will argue the same way, and yet these same people, when scab infects their sheep, are perfectly willing that the sheep shall be dipped, and they will insist that their neighbor's scabby sheep shall be dipped. When it comes to a subject that involves the lives of people they are ready to argue.

Hence, in addition to appropriating money to carry on this work, it is necessary that laws be passed requiring the quarantine of unoiled animals in the district involved. In this way it might not be possible to utterly eliminate the tick from the infected district, but it will be possible to so reduce their numbers as to make the probability of infection very slight and in the course of a few years the infected tick will be eliminated, and with it, spotted fever, and Rocky Mountain Tick Fever will be a thing of the past.

This legislation can be secured in one way only, that is, the uniform support of every member of the medical profession. Doctors do not realize the importance of an unguarded remark dropped by them. You may not be fully convinced that the tick is the sole cause of this disease, but you are satisfied that a fight against the tick is justified on experimental grounds. You would not oppose legislation to this end, but you casually remark to some friend, "I don't take much stock in that tick theory," and a member of the legislature, who has absolute confidence in you, hears you. Result—not only a vote lost, but an ardent opponent to the cause made. If you, the physicians of Idaho, want legislation of this character, and each of you will go to the representative and senator from your respective locality, and tell him the need of such legislation, you will get it. Half-hearted action will accomplish nothing, earnest concentrated action will accomplish anything.

DISCUSSION ON SPOTTED FEVER SYMPOSIUM IDAHO STATE MEDICAL ASSOCIATION

DR. J. R. NUMBERS.

Dr. J. R. Numbers, of Weiser, opened the discussion. He said: This subject has been particularly interesting to me for the reason that I have been a long resident in Idaho and more or less familiar with the development of this so-called Rocky Mountain Spotted or Tick Fever. I well remember what I believe was the first discussion on this subject. It was at the fourth annual meeting of this Association, twelve years ago, that this subject was discussed for the first time. I don't see any others here who were present at that time. Dr.

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Maxey's father was one of those who discussed the matter at that time.

It seems to me that we owe a great deal to Dr. Ricketts for what he has done in investigating this subject and the information that he has been able to lay before us, and I am especially glad that he has succeeded in saddling the responsibility upon the tick, or, at least, determining that it is an important factor, if not the primary origin of the disease. While basing my conclusions only upon circumstantial evidence, as I mght say, still I was as firmly convinced as I could be of anything from such a standpoint, that the tick was the principle factor in the inoculation of the disease, years ago. There were so many cases in which that was the main thing, that I was positive it was the cause, and while Dr. Tuttle in his paper mentions the period of incubation in Montana as practically about seven days, it has been my observation in Idaho that the period of incubation is longer. Of course, most of the cases occur among a class of people who are constantly exposed to tick bites. It is nothing unusual for some of them to have had on their person many ticks and many tick bites for weeks, and it is impossible in most of these cases to tell what time the inoculation took place. But I have noticed in cases of people who lived in town and would go out into the sage brush for a day and come home with one or two tick bites, and these cases would quite often go for eleven or twelve days before showing evidence of disease. It is very rare, indeed, for anyone living in town to have this disease except you may always get a history of a recent visit into the foothills or sage brush plains.

There happened to be at the town of Weiser an academy which was located about a mile and a quarter from the town. On Saturdays and Sundays in April and May, it was the custom of the students to make up parties for a tramp of three or four miles up in the foothills and in the vicinity where sheep had been held during the lambing period and for shearing. It was among these parties, eleven o twelve days afterwards, we had three or four cases of spotted fever, nearly every year, and invariably it would be those students who had been on the outing and would come back with one, two or three tick bites on them, and in that way I was able to trace the origin after these trips and so determine the period of incubation.

Now in some way in that locality I have always associated the tick fever with sheep. When I first went to Washington county, twenty-one years ago, it was practically a cattle and horse country, for there were very few sheep in the valley at that time. If they came into the county they came after the lambing and shearing periods and were driven right through up into the hills, and after the time of the year when one was likely to get this fever. About three years after I went to Weiser, eighteen or nineteen years ago, the first case of spotted fever I ever heard of was reported from near Falk's store, in the Payette Valley. I did not see any cases for some two or three years more, but I would hear of several cases over there each year, and it occurred to me that it was not a very serious disease or that they

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were very fortunate, as I had never heard of anyone dying at that time from it. My first case came into the office just at the period when the eruption shows on the wrists and ankles, and he had considerable fever, but was not an aggravated case. After puzzling myself over it considerably and after I had told the fellow that I did not know what was the matter with him, it seeming to me to be more like an upside-down case of measles, an old gentleman who happened to be in the office at the time and who had seen some of thes cases at Falk's store, "butted in," as I might say, and said it was a case of spotted fever, and from that time on I knew spotted fever when I saw it. Now about this time they were beginning to feed sheep, and sheep were held around that locality in the spring until after lambing and shearing, and as soon as the sheep came we began to have spotted fever. Prior to that time people had been going out into the sage brush and were bitten with ticks, but not until after the sheep were brought in did we have any spotted fever. The sheep herders and the people who were out in the sage brush were the first to get the disease.

For a few years after that we had spotted fever in the lower valley, but there were no cases in the upper valley. As those valleys were settled up and brought under cultivation, and they commenced driving the sheep up there during the lambing and shearing season, they have been having the disease up there and, fortunately, there are fewer cases in the vicinity of Weiser.

One or two things have occurred to me in regard to the severity of the disease: The average person who has it, the sheep herders and young cattlemen, and among young people in general, I have never noticed a fatal case, but in isolated cases where old people are attacked, there is a heavy mortality. In these fatal cases the course of the disease is entirely different. The eruption shows up scarlet colored spots at first, followed by a dark mottling of the skin and a well-defined eruption, and very scanty urine. At first the patient is not very sick and the disease is usually let run until by the time the doctor sees the patient it is too late. I remember occasions where sons would come into my office and tell me that their father had been taken sick a few days before, that they did not think it very serious, though there was something the matter with the kidneys. He did not seem to have any fever, but they had noticed that he was not making any water. If it was ten or twelve miles to the patient's home, I would invariably find him in a very serious condition: Absolute suppression of urine, only getting a very small amount of high colored urine by catheter, temperature usually subnormal, and other conditions which resulted fatally in ten or twelve hours. Another class of very fatal cases is when the disease attacks very stout people, and those who have a history of rheumatism. In the younger people of this class the temperature runs very high, the eruption coming out usually with bright scarlet appearance and becoming thicker and thicker until there is not the size of a pin head that is not covered, and after the fifth or sixth day developing delirium and apparently a profound toxaemia,

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suppression of urine, and is very apt to prove fatal within two or three days.

I believe I have nothing further to say on this subject, except that I have enjoyed the papers very much. I thank you.

DR. L. P. MCCALLA.

Dr. L. P. McCalla said these papers were particularly interesting to us who live in this community. Drs. Stewart and Smith have certainly covered the clinical side of it very thoroughly, and I see nothing to criticise. Dr. Maxey's statistical report is very interesting in showing the peculiar relation between the sheep industry and the prevalence of the fever, and I know this report has taken a great deal of time and labor, for which the Society owes Dr. Maxey a vote of thanks.

The work of Dr. Ricketts is highly interesting from the scientific side of this condition, and we are certainly very grateful to Dr. Ricketts. His work has proven conclusively that the tick is the great, if not the only factor in the case, though there remains a great deal to be done along that line. This brings up the question of how we are to get rid of the tick. What can we as physicians do, and what can or should we ask the coming session of the legislature to do in the way of helping to study and eradicate this disease? Of course the disease is not so fatal in this community as it is in Montana, but if we can get help from the legislature I think we should carry this work on.

These papers have covered the ground so thoroughly that I can add nothing more than to say that I hope the Association will give Dr. Ricketts a vote of thanks for his careful and painstaking work.

DR. J. J. HAMILTON.

Dr. J. J. Hamilton said that he had a friend, a doctor, who likes to go hunting, and that one day he shot a couple of small rabbits, one of which seemed to be sick and showed a peculiar mottled condition of skin similar to that seen in spotted fever. He had asked the doctor to report the rabbit's case to Dr. Maxey, but he had failed to do so. The rabbits were the ordinary jack-rabbits.

DR. J. M. TAYLOR.

Dr. J. M. Taylor called attention to one point in regard to the geographical distribution of spotted fever in Idaho. Dr. Maxey spoke of the disease being confined to the Snake River plains and to the Bear River valley, and wondered if the Bear River valley in Utah was also an infected area. He also said that in regard to what Dr. Ricketts said about the interruption of the fever in certain localities for one or more years, he had heard the suggestion before as to the probable relation of the rabbit to this disease, because it was a well known fact that the rabbit frequently disappears from certain localities for one, two, or three years on account of some epidemic among them.

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DR. W. H. TUKEY.

Dr. W. H. Tukey, being called upon by the president, said he was not prepared to discuss spotted fever, though he had had considerable experience with the disease. He had never made any special study of the disease, and had never located the tick as a causal factor.

DR. O. W. HALL.

Dr. O. W. Hall said he remembered well the first case of spotted fever he ever heard of. This case was in 1883, in the Boise Valley. He asked if anyone present, those who had been in the valley longer than he had, knew how long the disease has been known to exist in this part of the state.

DR. G. H. COULTHARD.

Dr. G. H. Coulthard, of Idaho Falls, asked Dr. Maxey if the infected area included the upper Snake River Valley. He had never heard of a case over there, though he knew they had it in Bannock County.

DR. E. W. KLEINMAN.

Dr. E. W. Kleinman said that he had seen three cases of spotted fever since returning from the recent meeting of the American Medical Association. The first July 31st on the Malad river, the second case on August 15th up the canyon near Hailey, and the third case was seen September 10th. The first two cases got along very nicely and the last one is still pending. Some five years ago, when I first came out to this country, I was led to believe that the disease was to be seen only during the early spring months. A boy out from Shoshone, where I was then located, was taken down, and notwithstanding the fact that the people stated it was spotted fever and the attending doctor had so diagnosed the case, I had never heard of a case later than June, and I took occasion to criticise the diagnosis, but later developments have proven the doctor wiser than I.

DR. E. E. MAXEY.

Dr. Maxey said he had nothing further to say, except to answer the questions asked in reference to the geographical distribution of the disease in Idaho. He said that infected areas do extend down the Bear River Valley into northern Utah, and that the disease is rather commonly found in parts of eastern Oregon in the sage brush country. In the upper Snake River Valley, the only cases reported from Fremont County were reported by Dr. Hargis, who resides at Ashton, near the eastern part of the county. He reports seeing an average of two cases annually, one-third of his cases gave a history of tick bite, and all of them died. Of course, there is a question as to diagnosis here, but I think Dr. Hargis' cases were probably Rocky Mountain Spotted Fever of the Montana malignant type. Dr. Price, of Rigby, near the southern boundary of Fremont County, reports having seen two cases within the last four years. Fifty per cent of his cases gave history of tick bite, and none died.

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In reference to the species of ticks found in Idaho and in Montana, he read a communication from Ch. Wardell Stiles, in which Mr. Stiles stated that he had recently had occasion to study a large number of ticks from the Bitter Root Valley and to compare them with specimens from California. He said that up to this more recent study he had not been able to determine clearly between the Montana and California species, but that with his present material it seemed quite clear that the Montana tick of the Bitter Root Valley, namely *"Dermacentor andersoni,"* is entirely distinct from the California tick known as *"Dermacentor occidentalis."* Mr. Stiles stated further that he had examined very few ticks from Idaho and was not prepared to commit himself to a definite statement, but that so far as his examinations had gone he believes the Idaho species to be distinct from the *"Dermacentor occidentalis"* of California, and that they are closely allied to and possibly identical with the Montana tick *"Dermacentor andersoni."*

DR. RICKETTS.

Dr. Ricketts: I wish first to express my appreciation of Dr. Maxey's co-operation in the preparation of this symposium. I think it will be a very fine piece of work in the way of getting rid of spotted fever in Idaho.

I meant to state in speaking of the virus in the salivary glands that the presence of the micro-organisms were demonstrated by means of inoculation experiments. We have never been able to see the micro-organisms.

Concerning the species of ticks, I have not so very long ago, some time during the summer, sent specimens to Dr. Stiles and Dr. Banks, of Washington. Dr. Stiles replied that he thought the Idaho tick was different from the Montana tick, but would want to have more material before he could come to a definite conclusion about it. He stated again that the Montana tick is the *Dermacentor andersoni.* Dr. Banks responded saying that the Idaho tick was certainly different from the Montana tick, as far as he could see an entirely different species. Dr. Banks has recently published a new index of the ticks of the United States, in so far as they are known, and he differentiates between the Montana tick and the Idaho tick. So the Idaho tick and the Montana tick are different, but as yet we have no name for them and will simply have to call them Idaho ticks and Montana ticks until the specialists properly decide what name to apply to each.

Concerning the question of spotted fever in August, the disease does not occur in Montana after July usually, rarely in August and sometimes as late as October. The season for the adult tick is in the spring. They are rarely found in Montana after July first and until February, but I have found adult ticks in Montana in September, but not many of them. The development of the tick depends upon temperature and moisture; some develop more rapidly and some more slowly. In Idaho Dr. Maxey went out last spring during the spotted fever season and we found some young nymphs on some of the gophers and adult male and female ticks on horses, it is therefore quite certain

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that some of these ticks would develop as adult ticks later in the summer.

I was going to say something about the serum used in the treatment of these cases. It was taken from a horse. The infection of the horse was proven and the horse recovered, it being then bled to death in order to get as much serum as possible. The serum was given in small quantities and in large quantities, and in one case intravenous injection was resorted to. The number of cases treated in this way was too small to draw any definite conclusions. Usually the cases went through as though no serum had been given. We have no means of determining at present whether this is an antitoxin serum or not. We can't cultivate the organism, but if the serum happens to be an antitoxin serum it will probably be of great value in the treatment of spotted fever.

DR. SMITH.

Dr. Smith: There are only one or two things that I want to say. Dr. Maxey said that in some of the replies received by him some of the physicians adhered to the opinion that the disease was due to contaminated water. I was of that opinion for quite awhile myself, until one or two things changed my mind. One patient went out to his sheep camp and I cautioned him about drinking the water out there, so he took a case of Idanha water along and drank nothing else, except of course in cooking and in tea and coffee. He had been out a great many times prior to this time, and on the other trips he had been drinking the camp water, but this particular time, though he drank none of the camp water, he contracted the disease. I told him if he had not drank the Idanha water he might have been all right.

I also had the water examined on two occasions by a chemist in Salt Lake, and it was found to be absolutely pure, and nothing was found in the water that could produce any trouble whatever. The water examined was taken from the spring used by this camp. These things rather proved to me conclusively that the water supply had nothing to do with the disease.

Another interesting case that I recall was that of a child who had not been out of town, but she had a lamb for a pet, and about a week after the lamb was brought to the house the child was taken down with spotted fever. The tick was found on the child, and it must have been on the lamb.

In relation to time of year the disease occurs, while most of them have been in April and May I have had cases in latter part of August, several in February, and one case I went to in three feet of snow in a mountain town.

Dr. Maxey reports a good many cases of nephritis complicating this disease. I have never seen it in any of the cases I have had. I guess this matter has been gone over very thoroughly, and I have nothing further to add. I thank you very much.

DR. TUTTLE.

Dr. Tuttle: I wish to thank Dr. Maxey for his geographical study of this disease. It is something that has been needed, and needed

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badly. In regard to the sheep question, there seems to be something crooked in the condition. Either the tick is different in Montana and Idaho or the sheep are different. We have something over five million sheep in Montana, but they are all on the east side of the state, and on the west side, where we have our spotted fever, sheep are very rare. We have no spotted fever in our sheep district. It may be a tick here that lives on the sheep that transmits the disease. The special species of tick that live in Montana do not attach themselves to the sheep. If they did, it would make the fight against the tick much harder in this state. At present we are so located in Montana that the experiment of oiling cattle would be comparatively easy to carry out.

The question of getting anything from the legislature in the state should be gone into. A doctor should be careful of his remarks to legislators. I had it very forcibly brought home to me two years ago. We were taking up the registration act, and I was discussing it with another doctor. He said something about it working a hardship on the doctors. Well, a member of the legislature overheard that remark and in opposing the bill took the stand that it would work a hardship on the physicians, and it took my friend some time to straighten him out.

Resolutions are good things, but all the resolutions you could pass would not have so much weight as a physician going to them and saying what he thinks ought to be done. The family physician has great influence with the individual legislator. Tom Carter has been in the United States Senate for a long time, and I know of resolution after resolution that was sent in to the Senate, but he never heard of them until his family physician called his attention to them.

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Medical Societies

Proceedings of the Sixteenth Annual Meeing of the Idaho State Medical Association, Held at Boise, October 8th and 9th, 1908.

(Continued from November issue.)

First Day—Evening Session.

The association reconvened at 8:30 P. M., with the President in the chair.

Clean Milk.

The President then introduced Prof. H. T. French, of the State University, who read a paper on the above subject. He said that in every civilized country of the world milk holds an important place in dietary of its inhabitants, and today much is being done to render milk more wholesome and attractive by compelling people to keep it clean. While clean milk is most wholesome, no food material is so easily contaminated. Vast numbers of epidemics of disease can be traced to the milk supply. Much has been done to prevent the use of preservatives and to require certain standards of excellence, but comparatively little effort has been made to render milk clean. By clean milk is meant not only milk free from dirt, but also free from injurious forms of bacteria. The number and variety of bacteria which milk contains is a good measure of the cleanliness and care with which the milk has been handled.

To bring about better conditions along these lines requires the enactment of a dairy inspection law which shall provide for a dairy and pure food inspector who shall be required to inspect all dairies and farms where milk is produced for market, and the observance of the following conditions should be insisted upon: (1) animals should be free from disease; (2) clean stables for the cows; (3) no litter or feed should be handled during milking; (4) hay or feed should not be stored above the cows, and cobwebs and other loose dirt not allowed to accumulate on timbers above cows; (5) open milking sheds, all freely white washed; (6) cows kept clean; (7) udder and adjacent parts to be well cleansed before milking; (8) hands of milkers thoroughly washed, and to wear clean clothes; (9) no person in any way sick should be allowed to handle milk; (10) cool milk immediately after drawing and keep it cool; (11) never wash or rinse milk cans or buckets in ditch water unless it has been boiled; (12) scald all milk utensils with boiling water or live steam; (13) after cleansing, keep milk pails and cans in sunlight.

Food Inspection and Its Benefits to to the People.

This paper was read by Hon. J. R. Fields, State Dairy, Food and Oil Commissioner. He said that no unprejudiced person now doubts the wisdom of Pure Food Legislation, but only those intimately connected with the work realize the far-reaching benefits to the people of this pure food campaign. Six years ago our preserves, jellies and jams were largely adulterated and misbranded. Our canned corn, peas and beans were artificially colored and preserved. Our meats were embalmed with chemicals, and misbranded, and the local butcher used chemical preservatives. The milkman used Freezine, our candies, syrups and strained honey were largely glucose, our whisky seldom contained real whisky, our vinegars were misbranded, and the spices were but a semblance of the real thing. Today the conditions are to quite an extent

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changed. The prepared canned foods are made from pure goods, and if cheap ingredients are used the package is labelled honestly. Milk and meats are free from chemical preservatives, and other food products are correctly and properly labeled.

The benefits from these changes are hardly realized by the bulk of the people, as they are by the educated physician. However, there is still much to be done along this line, and the pure food workers need the advice and co-operation of the organized medical profession. The degree of harmfulness or the harmlessness of certain chemical preservatives must be worked out by the physician, but it is now known that the use of these preservatives gives opportunity to cover up unsanitary conditions. He urged further sanitary legislation giving the pure food department authority over the sanitary conditions of slaughter houses and other places where food is prepared, stored, or served.

Discussion.

The discussion on these two papers was opened by Dr. R. J. Cluen, who said that his experience as dairy inspector for some time had demonstrated to him the importance of this subject to the people. He spoke of the pernicious habit of using formaldehyde for preserving milk. Country stables are notorious for their filth. Filthy slaughter houses should by all means be regulated by legislation, and he suggested that the association take steps to further the securing of such legislation.

Dr. C. H. Coulthard briefly emphasized the importance of these subjects, and Dr. A. C. Smith, of Seattle, cited the experience of the Seattle Board of Health in handling the milk supply. By appointing a milk commission they succeeded in bettering the supply considerably, but even by putting a premium on certified milk they succeeded in getting only one man to comply with the full requirements. Later the commission refused to receive milk from country dairies that would not stand inspection, and this latter move caused a marked improvement in the death rate among children. It is necessary in these cases to bring force to bear on dairymen to compel them to comply with the sanitary regulations.

Professor French thanked the association for the generous discussion of his paper, and said he was glad to have the opportunity and privilege of presenting this important subject at this time and before the organized medical profession of the state.

Dr. Taylor asked how far the present law provided for the inspection of dairies and slaughter houses.

Mr. Fields in reply said there was no provision for inspection of slaughter houses, except by health boards, but that we did have jurisdiction in a way over dairies now.

On motion by Dr. Maxey, the President was instructed to appoint a committee of three to act in conjunction with a like committee from the associations of Washington and Oregon, to report on the matter of a joint medical journal. The President appointed Drs. Ed. E. Maxey, R. L. Nourse, and J. M. Taylor.

The association adjourned, to meet tomorrow morning at 9:30 o'clock.

Second Day—Morning Session.

The association convened at 10 o'clock, with the President, Dr. Kleinman, in the Chair, and the reading of papers was resumed.

A Plea for the Heart, and a Glance at the Passing Show.—By Susan E. Bruce, of Lewiston. In this paper the doctor very graphically deprecated the many moral and social abuses to

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which the heart is exposed in modern times, and made an earnest plea for a better system of educating the youth, a more rational dietary, and more sensible life habits.

Discussion.—This paper was discussed by Drs. R. L. Gillespie, R. S. Gregory, J. M. Reed and George Collister, but as the Secretary was absent on committee work at the time, he did not get notes on the discussion.

A Case of Dextro Cardia.

Dr. O. H. Avey, of Payette, presented this case, but for the same reason as given above, the Secretary is unable to give the history of this case, as outlined by the doctor. The patient was stripped in an adjoining room, and the physicians present were given an opportunity to examine this unusual example of misplaced heart.

A Further Study of Medical Versus Surgical Treatment of Amoebic Dysentery. By Dr. John Milton Holt, U. S. P. H. & M. H. S.

The doctor is very much interested in this subject and said that with the large number of cases of amoebic dysentery returning to the United States annually from the Philippines; with the infected surface water in the Southern States; with the unhygienic method of fertilization as practiced by Chinese gardeners; as well as the presence of this disease in the Canal Zone, renders it of practical importance to general practitioners all over the United States. And it will become of increasing importance every year. Many cases are abroad throughout the land, and some of them are probably being treated indifferently as an old chronic diarrhoea. The microscope should be used in every case of "chronic diarrheoa," to determine presence of amoeba coli. Their recognition will become simple after a little practice. If they are present in the stool, and the case has persisted after patient treatment by colonic irrigation, the case should be treated by doing an appendicostomy. Procrastination is inefficiency.

Discussion.—Dr. Ralph Falk said he had seen two cases of amoebic dysentery, treated by internal medication and colonic flushings, with rather indifferent results.

Dr. L. P. McCalla said he had seen at least fifteen of these chronic cases within late years. He agreed with Dr. Holt that acute cases were medical cases and that the chronic cases should be treated surgically. He thought the time when a case ceased to be acute and medical and became a surgical case depended much upon the individual case. Some should not be delayed more than three or four months. In his experience internal medication had no beneficial effect. He saw no reason why appendicostomy should not be used in these cases. It is entirely safe and gives a direct method of flushing the colon. In fact we should be glad to find a practical use for this hitherto worse than useless appendix. This subject is particularly useful to us because of the presence here of the Chinese gardener with his pernicious habit of fertilizing with human urine, and because of the large number of persons returning from the Philippines. He had never seen a case of amoebic dysentery get well on medicinal treatment; surgery does accomplish results.

Dr. R. C. Coffey, of Portland, said he was fortunate in being present at a medical meeting in New York at the time Dr. Wier first read his paper advocating appendicostomy for this condition. It was received with smiles of condolence at that time, but the profession soon began to realize the importance of this operation. Dr. Coffey spoke of several things that

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might have a physical bearing on the treatment by colonic flushings, referring particularly to the physiologic divisions of the alimentary canal as given by Charley Mayo. He asked the author if he had found that the rectum and lower bowel showed any selective action for water or medicated solutions.

Dr. J. L. Stewart said that while he was deeply interested in this subject, he had had no personal experience with the surgical treatment of amoebic dysentery and knew nothing about it except what he had read.

Dr. McCalla said the thought had just occurred to him that we had a living example in the person of Dr. Kellogg, of Seattle, in support of the advanced position taken by Dr. Holt. Dr. Kellogg, one of the brightest medical minds in the Northwest, was with us here last year, and in the enjoyment of perfect health. Shortly afterwards he developed dysentery, later abscesses of liver formed requiring several operations, and I am told he now lies in the Seattle hospital a very sick man. Probably much of his suffering and confinement and his condition might have been cured by an early appendicostomy.

Dr. Holt, in closing the discussion, said he had enjoyed the discussions more than the paper. In regard to time for operating, this was more or less optional, depending on patient's condition. The time limit given in paper was purely a suggestive limit for the benefit of general practitioner. In these cases where the appendix has been previously removed for disease, he recommended that a colostomy be done. There is a question of legislation that should not be neglected. We should have some way of legally controlling and regulating the fertilization methods of the Chinese gardeners. Experiments have demonstrated that the amoeba coli and other infectious organisms cannot be removed from uncooked vegetables by even repeated washings, but must be cooked to kill the organisms. In reply to Dr. Coffey, he said absorption of liquids from bowel does not enter into the question at all. The quinine solution must and does come in direct contact with the amoeba coli.

Gastric Surgery of the Present Day. By Dr. R. C. Coffey, of Portland. He said, in part, that prior to two years ago the technic of gastrointestinal surgery had made very rapid improvement, with corresponding lowering of mortality and increase of beneficial results. But during the past two years no changes of importance have been made in the technic. He discussed the work of various surgeons during the gradual evolution and improvement of operations on the stomach; the through and through suture of Connell, Senn's decalsified bone plates, Mickulicz' suggestions in gastroenterostomy and its resulting vicious circle, the short loop of Moynihan, and Mayo's modification thereof, as all tending up to the present-day perfected gastroenterostomy. He thought that the introduction and use of the Fowler position had materially lessened the death rate, particularly from the complicating pneumonias. He also thought that we had reached the age of minimum mortality for gastric surgery until methods of diagnosis are further improved and the surgeon sees many of these gastric cases earlier, or is better able to differentiate his cases.

Discussion postponed until later in the day.

Remarks on Medical Journals. By Dr. K. A. J. Mackenzie, of Portland. The doctor spoke of the beneficent effects of organization, ethical organization, and of the effect for evil that organization may be used for. We must not, he said, be actuated by selfish motives in promoting organiza-

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tion, but rather consider the best interests of the entire public. He also spoke of the great needs of higher medical education, and mentioned that the Medical Department of the University of Oregon was trying to comply with the higher ideals of medical education. In conclusion, he said he came on a special mission to request the Idaho State Medical Association to appoint a committee of three for the purpose of acting with like committees from Washington and Oregon to devise some plan of action that will enable the three states to publish a joint medical journal, an official organ for the three states.

Discussion.—The paper was briefly discussed by Dr. C. A. Smith, President of the Washington State Medical Association, in which he supported the plan of a three-state journal.

The President announced that if there was no objections he would now appoint members to fill vacancies on the Committees on Nominations. There being no objection, he appointed the following: Dr. A. A. Higgs, to represent the North Idaho District Medical Society; Dr. W. T. Drysdale, to represent the Kootenai-Bonner-Shoshone Counties Medical Society; and Dr. G. H. Coulthard, to represent the East Idaho District Medical Society. The elected members present being Dr. R. L. Nourse, chairman, and Dr. W. F. Smith, representing the South Idaho District Medical Society. This committee was instructed to be ready to report at the proper time during this afternoon session.

Association then adjourned to meet again at 2 o'clock P. M.

The afternoon session convened at 2 o'clock, with the President in the chair.

Intestinal Putrefaction and Its Relation to Indicanuria.

This interesting paper was read by Dr. Ray W. Matson, of Portland. He said our knowledge of problems of metabolism is yet in its infancy. We find in the intestines ideal conditions for bacterial growth, but physiologists have failed to account for the presence of these organisms. While bacterial invasion is unavoidable, fortunately the predominating type are saprophytic and non-pathologic. Intestinal putrefaction with indol production has been demonstrated to be due to presence of bacillus coli, acting upon the products of anaerobic activity or upon the products of normal proteolytic digestion. Absorption of indol is followed by the appearance of indican in the urine. Holland's method of determining urinary indican is as follows: To 5 cc. of urine add equal amount of concentrated hydrochloric acid; then add 3 grains perborate of sodium and gently agitate. If indican is present the urine promptly deepens in color and if amount of indican be large, turns faintly blue. To concentrate the color add 2 cc. of chloroform and shake gently for two minutes. On standing the chloroform separates at bottom as layer varying in depth of blueness with proportion of indican present.

In the presence of a positive indican reaction we have a reliable index of absorption of putrefactive products, but a negative reaction does not signify absence of indol absorption.

The conditions favoring putrefaction are over-eating and faulty inervation, leading to disturbances of motor and secretory functions. Over-eating is particularly pernicious. Manifestations of absorption of putrefactive products are many, such as loss of weight, premature senility, easily fatigued, and physical prostration and inaptitude for work. Abdominal distension and flatulence, and constipation or diarrhoea may exist. Obstruction of bow-

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els causes intense reaction, and the higher up the obstruction the greater the indicanuria. The nervous system is particularly susceptible to poison. Neurasthenia, mental dullness, drowsiness, wakefulness, rheumatic or neuralgic pains, headache. The psychical phenomena are depression, melancholia, dread, fear, and even delusion, also migraine. Some forms of insanity are thus formed.

Discussion.

Dr. J. L. Stewart opened the discussion. He said intestinal putrefaction seems to be a very important factor in the production of many conditions, especially of the nervous system. Neurasthenia, migraine, and particularly epilepsy, many of these cases owe their cause to an autointoxication. Many obscure lesions of muscular system and heart belong here. He confessed that he did not test urine for indican as often as he should and thought this a common mistake of the profession. The relation of intestinal putrefaction to acute melancholia and insanity is quite evident. The secondary anaemias of young girls were undoubtedly due to this cause. Over-eating is unquestionably an important cause of putrefaction, and it is a common practice among the American people. It is a well known fact that forced feeding of tubercular patients causes intestinal putrefaction, and their urine should be frequently examined to determine this fact. He thought the indican test a doubtful one in intestinal obstruction, we have other and better and easier tests by which we may recognize the condition.

Dr. Gillespie called attention to Abram's work called Splanchnic Toxaemia, as directly bearing on this subject. This paper especially appeals to the neurologist, as intestinal putrefaction is a very frequent cause of disease of the nervous system. Indicanuria is found in nearly all cases of melancholia and neurasthenia, particularly melancholia. The urine should be examined in all of these cases and proper eliminative treatment used.

Dr. McCalla said this subject appeals equally to men in every class of practice, for the condition is more universal than most of us know. It is a very frequent cause of disease in children. We often meet in general practice men and women who over eat, and said that if preachers would devote as much time to the question of over-eating as they do to that of over-drinking they would accomplish more good to the human race. I don't want to be understood, he said, as upholding the habit of excessive drinking, but I do think that the many nervous breakdowns are nearly all due to intestinal putrefaction, and preventable. Ptomaine poisons are probably the cause of many heat prostrations. Post-operative temperature is very frequently due to this condition. Said he had used phosphate of soda in neurasthenic cases with marked benefit, due to cleansing effect on bowels.

Dr. Taylor said he had always had the impression that intestinal putrefaction was due to imperfect digestion, and that the symptoms produced were due to absorption of improperly digested food products. Many cases seem to be without clinical symptoms.

Dr. Matson said the indican test was just as important to make as a routine practice as is the albumin or sugar test, and should always be made in every examination of urine. Examinations of stools are difficult and require much time. He believed there was an absolute relation betwen migraine and indicanuria. Cylindroids and a few casts are frequently found in connection with indicanuria. Over-eating is a pernicious habit and is undoubtedly

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the cause of many of our ills. Said he had intentionally avoided treatment in his paper, but by cleansing out bowels and restricting the diet we may starve the putrefactive bacteria and relieve the symptoms. Authorities differ concerning the effects of normal digestion on putrefaction. It is well known fact that some people cannot take starches or sugars without producing intestinal putrefaction. All of his tests were made by the method given in paper.

Discussion on Dr. Coffey's Paper.

Dr. E. Van Note said he could look back over 27 years of active practice; he had seen most of the advancement made in gastric surgery, and for that reason the paper was especially interesting to him, particularly that part referring to ulcer and cancer. We know now that about 50 per cent of cases of gastric ulcer do not require operation; so we see the great value to the patient of an early and correct diagnosis.

Dr. A. A. Higgs said the question of gastric surgery appealed to him, especially because of recent personal experience. He is satisfied that a great many operations have been done on the stomach that with our present day knowledge would not be done.

Dr. Stewart said that gastroenterostomy was now seldom done except for pyloric obstruction. Adhesions, ulcer and dilatation may give same symptoms and require gastroenterostomy, but obstruction is the main indication for this operation. In malignant disease of stomach, operation gives temporary relief.

Dr. McCalla was glad Dr. Coffey had laid special stress on the diagnosis of stomach conditions, and thought that accounted for the fewer operations done today. Said he was interested in his mention of Moynihan's study of relation of jejunum to stomach, as he happened to visit his clinic at the time he was working on this subject. Another good point made by the essayist was the advisability of referring these cases to competent men for consultation and examination.

Dr. Coffey thought Dr. McCalla had the right view in this matter. With improved methods of diagnosis there will be less operating for non-malignant and more operating for malignant disease of the stomach.

Malignant cases should be diagnosed early. It is inexcusable for a physician to treat a case for months for indigestion, until with loss of weight, etc., there is no doubt left but that the case is malignant and it is too late to operate. He believed there could be no further improvement of the technique of gastric surgery. The improvement must come in diagnosis. The general practitioner should be able to diagnose stomach disease early, and in every case of stomach trouble which he has treated without results he should call in an internist for help in arriving at a diagnosis, and if there is still any doubt the case should be referred at once to a competent surgeon for his opinion. The surgeon knows more about cancer, as he sees more of these cases. In all doubtful cases an exploratory incision is always in order and is harmless.

Remarks on Hysteria for the General Practitioner. By Dr. R. L. Gillespie, of Portland. As this very instructive paper was not left with the Secretary, he is, unfortunately, unable to give a synopsis of the author's remarks.

Discussion.—The discussion was opened by Dr. W. T. Williamson, of Portland, who said we were prone to conclude that this condition is in itself a lesion and possessing a distinct pathology. But as a matter of fact it is only a symptom. Before we can intelligently treat

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hysteria we must determine the cause. But we must treat both the psychical and physical conditions. They are interrelated so closely that they very often cannot be separated. Man is a unit made up of these two parts, mental and physical. If the mental part is poisoned we have a psychic condition following. If the physical being is poisoned, we have spasm and other manifestation of physical illness.

Dr. Susan E. Bruce briefly discussed the subject.

Dr. B. F. Campbell thought this condition was the cause of a great many mistakes and errors. We are too apt to diagnose a psychical condition where there is an organic lesion present. We should examine our cases more thoroughly. Many have hysterical symptoms with organic lesions, as in locomotor ataxia. In these cases we must not forget to treat the patient, and not confine our thought entirely to the symptoms present.

Dr. C. R. Hudgel called attention to the eye tests available in the diagnosis of hysterical conditions. Narrowing of the visual fields, and reversal of the color fields, red being perceived before blue, etc., are conditions frequently found in hysteria, and were of considerable value in diagnosing this condition.

Dr. Gillespie, in closing the discussion, said that he considered hysteria to be one of the most important conditions with which the general practitioner is brought in contact. It was often very difficult to diagnose. Said he was familiar with the eye tests mentioned by Dr. Hudgel. Thought we ought to make use of every possible means to arrive at a correct diagnosis.

Physiologic Therapeutics, or Remedies Other Than Drugs. By Dr. J. E. Bloom, of Boise. Said that when any of the functions of the body are deficient, delayed, absent or excessive, therapeutic measures may assist the patient to recuperate, and desires to call attention to a list of means for accomplishing these ends, the so-called natural agencies. He mentioned rest, exercise, mechanotherapy, light, electricity, psychotherapy, heat, cold, massage, diet, and hydrotherapy, but confined his remarks principally to the therapeutic applications of heat and cold, giving the indications and contraindications for the use of each and describing in detail the best methods of using them. In concluding, he said the physician should insist on the trained nurse knowing how to use these methods of treating disease.

Discussion.—Dr. C. J. Smith, of Pendleton, was asked to open the discussion on this paper. He said the methods suggested were very good, but for physicians in country practice it is very difficult and impractical to teach the laity the methods and value of physiological therapeutics. It can only be used satisfactorily in institutional work. He spoke of the great benefits from the use of the Bier methods and from electricity, also the use of heat and cold, all of which he had recently seen used extensively in the European clinics. He thought, however, that scientific medicine had its place in connection with these methods, and blamed the modern surgeons for a great deal of our therapeutic nihilism.

The President then announced that because of our limited time and the number of papers yet to be read, that further discussion of papers would have to be dispensed with.

Medical Aspect of the Use of Alcoholic Beverages. By Dr. J. M. Taylor, of Boise. Many physicians, he said, did not consider this question seriously because they think it is distinctly a moral question and as such should be left to preachers and temperance cranks, but the author took the position that aside from the moral issue we had here a social and hygienic

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question of very great importance, one that is attracting the very serious consideration of Sweden, Great Britain, Germany and France, as well as the United States. He did not question the great medicinal value of alcoholic preparations. The great question from a medical standpoint is the effect of the habitual moderate use of alcoholic beverages on the individual and heredity. The number of scientists who still class alcohol as a food is decreasing, and nobody questions the harmfulness of the excessive use of alcoholics. What constitutes excessive use is difficult to determine and is today one of the greatest economic questions before the civilized world. He discussed the relation of alcoholics in effecting metabolism, heredity, mental activity, degeneracy and crime, and bearing directly as it does upon the health of the people, it is our business, as physicians, to know and to make known the dangers following its use.

Bilateral Twin Tubal Pregnancy, With Report of a Case. By Dr. L. P. McCalla, of Boise.

The doctor reported sixty one cases of twin and tubal pregnancy found in the literature in the Surgeon General's Library at Washington, the most complete report ever made on this subject. In each case the author, variety of case, and reference to literature were tabulated.

He reported a case of bilateral tubal twin pregnancy in his own practice, which was operated on recently. Eight years before the patient had had a double pyosalpinx but not operated. That the patient should get well enough to become pregnant even in this unnatural way, that she had been curetted for the metrorrhagia accompanying tubal pregnancy, that she had been examined by eight different physicians and only by the last was condition correctly diagnosed, and that with all this trauma there had not been rupture of both sacs, were the main points of interest.

The author took the position that all these conditions should be diagnosed prior to rupture, and emphacized the following differential points: Menstrual flow nearly always delayed from four days to three weeks, never delayed in inflammatory conditions; that there is an unusual character of pain; that the flow is usually darker, more persistent, and often accompanied by discharge of a decidual membrane, often mistaken for a miscarriage; that bloody flow has more slippery feel, due to mucous; and that this condition nearly always occurs in woman who has been sterile for 3 to 10 years, and follows a tubal infection of mild grade. By keeping these points in mind and always insisting on making a thorough examination, the diagnosis should be made.

The opinion was expressed that the route by which the operation is done should be directed by the operator's experience. The individual operator's experience and fitness should govern in these desperate cases, and he further stated that haste to operate by a man not well fitted for such work and under unfavorable surroundings, was fraught with more immediate danger to the patient than a reasonable wait until competent help and better facilities could be had. This wait to be devoted to relieving the severe shock and making preparations for a clean operation when the surgeon comes.

Dr. Coffey asked permission to very briefly mention a case of bilateral tubal pregnancy operated upon by him in October, 1904, the conceptions being apparently a month apart in age, the larger of which had ruptured and was removed at operation, while the other one was incised, the conception removed, the incision sutured, and

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the woman has since borne two children. He believed this to be the only case of the kind on record—at least he had been unable to find any such reported.

There was no further discussion, for lack of time.

Ocular Manifestations of Some General Diseases. By Dr. R. L. Nourse, of Boise.

The eye, directly or indirectly, reflects or participates in a large number and variety of general or systemic diseases, particularly cerebral, cerebrospinal, and constitutional affections. He described at considerable length the ocular manifestations of syphilis, both heredity and acquired, through its effect on the brain and cord and the eye structures themselves. He spoke of the optic neuritis, papillitis, and choked disc caused by cerebral hemorrhage, gummata, meningitis, brain abscess, hydrocephalis, and brain tumor. Optic neuritis frequently follows infective diseases, and toxic ambliopias may be due to use of tobacco and alcohol. Heart and blood diseases, such as endocarditis, endarteritis, aneurism, etc., may cause disastrous eye lesions from embolism and thrombosis. Pernicious anaemia gives a characteristic eye ground. Rheumatism ranks next to syphilis in its responsibility for eye diseases, affecting nearly all structures of the eye-ball. Arteriosclerosis, pyaemia, gonorrhoea, tuberculosis, scrofula, and eczema are likewise prone to exhibit their baneful effects on the eye structures. Graves' disease and hysteria are noted for their eye symptoms, and, lastly the effects on the eye structures of diabetes and diseases of the kidneys were described in detail.

Restoration of the Obliterated Culde-sac for the Insertion of an Artificial Eye. By Dr. Adolph Blitz, of Boise. In this paper the author describes an operation which he did on a patient for the purpose of restoring the culdesac. After dissecting the lids free from orbital mass, sufficient portion of mass was removed to make cavity. This cavity was lined with skin from upper lid, an artificial eye inserted and the lids closed over it and fastened with adhesive strips; followed by fairly rapid healing. Three months later, under local anaesthesia, he shaped the external canthus and supplied deficiency in upper lid with skin flap from temple. Seven months later he enlarged the culdesac below, to better retain the artificial eye, since which time, now four and a half years, patient has worn artificial eye constantly.

Ophthalmia Neonatorum. By Dr. C. R. Hudgel, of Boise.

The essayist said the primary object of his paper was to arouse the physicians of this state to a deeper sense of responsibility and duty in looking after and caring for the eyes of the new born infant. Twenty per cent of all blindness is due to this disease, a good portion of which is preventable. Physicians should understand this and employ proper prophylactic measures. He called attention to the fact that the A. M. A. has appointed a special committee to look after this matter, and this committee has secured the appointment, through the State Societies, of a sub-committee in each state. As chairman of that committee for Idaho, he felt it his duty to bring the subject to the attention of the profession at this meeting. He then discussed methods of infection and the general characteristics of the disease, both mild and severe, including symptomatology, prophylaxis and treatment, but laying particular stress on the value of Crede's method of prophylaxis.

At 6:30 o'clock the association adjourned, to reconvene in the rooms of the Boise Commercial Club at 9:30, to

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finish the executive business of the session.

Second Day—Evening Session.

The association reconvened in general session at 10 o'clock in the direc' tors' room of the Boise Commercial Club. President in the chair.

Under the general order of Report of Committees, the following transactions were had:

Report of the Special Committee on President's Address.

To the Idaho State Medical Association: We, your committee appointed to report on President's Address, beg leave to report as follows:

That no action be taken at present relative to general reciprocity, because of the fact that the American Medical Association is endeavoring to formulate a model medical practice act to be submitted in all states.

That we recommend that if possible reciprocity with Oregon and Washington be secured, provided uniform legislation on the subject can be obtained in these states.

It is further recommended that the Committee on Legislation be instructed to secure, if possible, provision in the law requiring appointments to the State Board of Medical Examiners be made from lists of names recommended by the State Medical Association.

Respectfully submitted,
J. L. STEWART, Chairman.
GEORGE COLLISTER,
J. M. TAYLOR.

Dr. Kleinman called Dr. McCalla to the chair, and took the floor to oppose adoption of committee's report. He moved to amend the committee report by striking out the first recommendation contained in the report and substituting the following: It is recommended that the recommendation of the President in favor of reciprocity be endorsed by this association.

This motion was seconded by Dr. Campbell, and Dr. Kleinman made a lengthy and very able argument in favor of his position and the amendment proposed by him.

Drs. Stewart and Nourse replied in favor of the committee's report without amendment, and Dr. Kleinman closed the discussion.

The question being called for on Dr. Kleinman's amendment, the chair put the motion, 4 voting yea and 8 nay, and the motion was declared lost.

It was then moved and properly seconded that the report of the committee be accepted as read, and the motion carried, 8 yeas and 4 nays. Dr. Kleinman then resumed the chair.

Report of Special Committee on District Societies.

To the Idaho State Medical Association: Your committee appointed to report on district societies, recommend that Dr. Coulthard, of Idaho Falls, be empowered to call a meeting of the East Idaho District Medical Society, arrange for a program, and endeavor in every way possible to resuscitate this society.

We also recommend that the Secretary of the North Idaho District Medical Society be required to make a report on the membership and financial condition of that society, to the Secretary of the State Medical Association, and that when members are received into that society or dues are paid, due notice be given of the same immediately to the Secretary of the State Association.

We also recommend that the funds of the North Idaho District Medical Society be prorated between that society and the Kootenai-Bonner-Shoshone Counties Medical Society, on the same basis as that used in pro-

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rating the funds of the South Idaho District Medical Society and the East Idaho District Medical Society; and that the Kootenai-Bonner-Shoshone Counties Medical Society be granted a charter as a regularly constituted branch society of the Idaho State Medical Association.

Respectfully submitted,
J. L. STEWART, Chairman.
G. H. COULTHARD,
J. M. TAYLOR,
Committee.

On motion, properly seconded, the above report of this committee was unanimously adopted.

New Members.

The applications of Drs. Leo. W. Chilton, of Idaho Falls, Frank T. Benoit, of Twin Falls, Joseph M. Reed, of Boise, and H. A. Anderson, of Rigsby, were read and referred to a committee composed of A. Blitz, W. F. Smith and W. H. Tukey, who reported favorably on each of the names submitted, and on motion the by-laws were suspended and the applicants were elected to membership, subject to payment of membership fee.

The President called attention to the fact that the association was deeply obligated to the clergy and members of the Episcopal Church for the use of their Church House for our meeting; to the ladies of that Church for their very excellent dinner; to the physicians of Boise and the Boise Commercial Club for their hospitality; and to Mayor Haines, Prof. French, Mr. Fields, and the visiting physicians for their help in making this meeting a success, and on motion, the association expressed its gratitude and instructed the Secretary to draft suitable resolutions of appreciation and thanks.

Report of Committee on Joint Medical Journal.

To the Idaho State Medical Association: At a meeting of the committees on Joint Medical Journal from Washington, Oregon and Idaho, the following proceedings were had:

The joint committees organized by electing Dr. K. A. J. Mackenzie chairman, and Dr. Ed E. Maxey, Secretary.

The question was raised by Dr. Williamson as to best method to pursue in the organization of the associations of Oregon, Washington and Idaho, for the purpose of publishing a joint medical journal, and of financing such a journal. After considerable discussion, the committee decided upon the following plan:

1. That a journal committee composed of three members from each society be elected and authorized to incorporate for the control and management of such journal.

2. That this joint committee be authorized to negotiate for the taking over of the existing journals, Northwest Medicine and Medical Sentinel.

3. That the joint committee be authorized to select the place where the said journal shall be published.

4. That a committee of one from each State Association be appointed to correspond with the management of various State Journals to ascertain their methods of financing, management, etc., for the purpose of better enabling them to report to the joint committee a feasible plan for financing our journal. The Chairman appointed Drs. Maxey, Williamson and Eagleson, and said sub-committee was instructed to be ready to report at first meeting of joint committee.

5. That the advertising matter in said journal shall be strictly ethical.

6. That the sub-committee appointed to submit a plan for financing

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journal shall also submit a constitution and by-laws for the conduct of the corporation.

Lastly, the sub-committee, with the Chairman of the joint committee, shall have power to supply any details which may have been omitted in the above plan.

On motion the joint committee adjourned to meet at the call of the Chairman, at the same time and place as the proposed meeting of the Presidents and Secretaries of the various State Associations, to be probably at Portland, some time in next January.

ED. E. MAXEY, Secretary.
By J. M. TAYLOR, Acting Sec'y.

On motion, properly seconded, the report from this committee was approved, the suggestions adopted, and the same committee, Drs. Ed. E. Maxey, J. M. Taylor and R. L. Nourse, continued for one year.

Report of Committee on Nominations and the Election of Officers.

For President the committee suggested the names of Dr. J. M. Taylor and Dr. J. L. Stewart, both of Boise. Dr. Taylor said that for various reasons it would be impossible for him to serve as President during the coming year, and while he appreciated the honor of having his name presented, he would have to decline the nomination.

It was then moved that the rules be suspended and that Dr. J. L. Stewart be declared elected President for the ensuing year. Motion was regularly seconded and carried and the chair declared Dr. Stewart to be duly elected.

For Vice-President, the committee on nominations presented the name of Dr. G. H. Coulthard, of Idaho Falls, and before further names could be presented a motion carried that nominations for Vice-President be closed, that the by-laws be suspended and that the Secretary cast the unanimous vote of the association for Dr. Coulthard, which was done and he was declared elected.

For Chairmen of the various standing committee the following were regularly nominated and elected under suspension of the by-laws:

Chairman, Committee on Arrangements—Dr. O. H. Avey, of Payette.

Chairman, Committee on Legislation—Dr. W. C. Whitwell, Salmon.

Chairman, Committee on Nominations—Dr. J. W. Gue, of Caldwell.

Chairman, Committee on Public Health and Medical Charities—Dr. J. W. Givens, of Orofino.

No further business appearing, the association adjourned to accept the hospitality of the Boise Commercial Club at a "Smoker" given by the Club for the benefit of the association and its guests.

Next year's meeting at Seattle, Washington.

OBITUARY.

Dr. Jessie K. Dubois.

Dr. Jesse K. Dubois, of Boise, died on October 31st, after a lingering illness from cancer of the throat. U. S. Senator Fred T. Dubois was his brother. Dr. Dubois was born in Springfield, Illinois, in 1848. He graduated in medicine in 1875 and practiced in Springfield, Illinois, and came to Idaho in 1880. He had resided in Boise since 1882. The remains were shipped to Springfield, Illinois.

Dr. Edwin S. Hutchins.

The death is announced of Dr. Edwin S. Hutchins, of Spokane, who died suddenly on the 28th of October. Dr. Hutchins made a specialty of eye, ear, nose and throat work, and was much respected by his fellow practitioners. The body was shipped to Chicago for cremation.

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Personal

Oregon.

Dr. Chas. E. Linton, of Astoria, has moved to Portland.

Dr. W. B. Morse, of Salem, visited in Burns last month.

Dr. W. E. Lewis, of Seaside, took a vacation last month.

Dr. Griffith, of Salem, was a visitor in Portland last month.

Dr. K. A. Leep has removed from Myrtle Point to Eugene.

Dr. Jesse W. Ingram, of Marshfield, has located at Milwaukie.

Dr. Frank E. Selover, of Eugene, has moved into a new residence.

Dr. Chas. L. Williams was elected mayor of McMinnville last month.

Dr. De Witte A. Paine, of Eugene, has returned from his eastern trip.

Dr. J. S. Bishop, of Forest Grove, has returned from his Eastern trip.

Dr. J. P. Hayes, of Baker City, visited his sister in Eugene last month.

Dr. and Mrs. James T. Townley, of Dufur, were at The Dalles last month.

Dr. George E. Dix, of Marshfield, spent ten days at Spokane last month.

Dr. Ed. Bennett, of Monroe, called on his friends at Corvallis last month.

Dr. and Mrs. Kuykendall, of Eugene, were visitors in Portland last month.

Dr. J. M. Crowley, of Monmouth, was a visitor in Portland last month.

Dr. Thos. M. Henderson, of Pendleton, was a visitor in Portland last month.

Dr. Alfred Kinney, of Astoria, was calling on his Portland friends last month.

Dr. J. K. Reader, of Ashland, was calling on his friends at Medford last month.

Dr. W. G. Cole, of Pendleton, made a professional call to Arlington last month.

Dr. Daly, of Lakeview, attended the road meeting at Klamath Falls last month.

Dr. A. C. Seeley, of Roseburg, has gone east to take a post-graduate course.

Dr. F. W. Vincent, of Pendleton, spent a few days last month at Wenaha Springs.

Dr. and Mrs. Chas. S. Edwards, of Prineville, were visitors at The Dalles last month.

Dr. A. F. Sether has returned from the East and has opened up his office in Roseburg.

Dr. August C. Schroeder, of Tualatin, is considering the desirability of moving to Alaska.

Dr. J. W. Ashford has removed from Livermore, Cal., to Canyon City, Oregon, his former home.

Dr. H. A. Littlefield, of Newberg, was in Portland last month. He has ordered a new automobile.

Dr. T. W. Harris, of Eugene, made a professional visit in the northern part of his county last month.

Dr. W. O. Spencer, of Huntington, took a trip recently to his mining interests at Copperfield and Homestead.

Dr. S. Heminway, of Yainax, Klamath County, has recently returned from a vacation at his home in Kansas.

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Dr. M. K. Hall, of La Grande, is interested in an oil and gas company that is boring for oil in Malheur county.

Dr. George E. Dix, of Marshfield, has returned from Spokane, where he was called as a witness in a damage suit.

Dr. Chas. W. Tower, of Marshfield, has been elected chairman of a committee to revise the Marshfield city charter.

Dr. F. R. Bowersox, of Ashland, has moved to Newport, as he finds his health is much better there than at Ashland.

Dr. E. E. Goucher, of McMinnville, was in a buggy upset on a dark night last month, but escaped without serious injury.

Dr. W. T. Smith, of Sheridan, had a buggy upset on a dark night last month, but fortunately escaped with slight injuries.

Dr. G. G. Talmage, who recently located at Burns, has decided that the altitude is too high for his wife, and he has returned East.

Dr. Thos. I. Marks, of Halsey, has gone east for a three months' trip. He will do some post-graduate work in Chicago and New York.

Dr. E. A. Sommer, of Oregon City, sued the street car company for damages done to his buggy, but the case was settled out of court.

Dr. M. O. Stemmler, of Myrtle Point, has had two very narrow escapes lately from runaway accidents when out making calls in the country.

Dr. W. E. Carll, of Oregon City, was the defendant in a damage suit last month, and his friends will be pleased to learn that the jury decided in his favor.

Drs. and Mrs. T. I. Marks, of Halsey, have gone East for two or three months, when the doctor will do post-graduate work in Chicago and New York.

Dr. E. B. Pickel, of Medford, has just sold his ranch to California people for $110,000. It consists of 561 acres, of which 235 acres is in fruit trees not yet bearing.

Dr. J. C. Elliott King, of Portland, is an enthusiast on walnut culture, and expects to make money on his 35-acres near Eagle Creek Station in the Willamette Valley.

Dr. E. E. Ferguson and his wife, who are now in Austria, writes to his friends at The Dalles that he is having an enjoyable time attending lectures at the Vienna hospital.

Dr. and Mrs. Claude M. Pearce, of Sumpter, visited in Baker City recently. Dr. Pearce recently returned from a six months' trip abroad. It is understood that he contemplates locating in Baker City.

Dr. Chas. H. Robertson, of Salem, was shot by a footpad last month, and his friends are glad to know that he is on the way to recovery. Arrest has been made of the man who, it is believed, did the shooting.

Washington.

Dr. J. L. Harris has moved from Pullman to Colton.

Dr. I. A. Dunlap has removed from Walla Walla to Touchet.

Dr. I. N. Power, of Cle Elum, has moved into new offices.

Dr. F. L. Carr, formerly of Hoquiam, has removed to Montesano.

Dr. Chas. F. Webb, of Loomis, has moved his office to his home.

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Dr. John Nywening is the new health officer in North Yakima.

Dr. D. E. McGillivray, of Port Angeles, has moved into new offices.

Dr. Chas. R. McKinley, of Brewster, made a visit to Spokane last month.

Dr. W. M. Beach, of Shelton, spent several days last month in Seattle.

Dr. R. E. Butler, of Waitsburg, has moved into more commodious offices.

Dr. A. A. Sutherland, of Blaine, is building an addition to his residence.

Dr. and Mrs. E. C. Storey, of Montesano, visited in Aberdeen last month.

Dr. G. W. H. Moore, of Davenport, went to Idaho on business last month.

Dr. A. J. Helton, of North Yakima, recently went on a hunting expedition.

Dr. E. H. Van Patten, of Dayton, spent several days at Spokane last month.

Dr. Z. T. Dodson, of Cleveland, made a business trip to Bickleton last month.

Dr. and Mrs. L. T. Seavey, of Port Townsend, visited in Seattle last month.

Dr. H. S. Strickland, of Olympia, spent two weeks on the sound last month.

Dr. R. P. Moore, of Davenport, was called to Adrian last month to visit a patient.

Dr. C. W. Sharples, of Seattle, visited his parents at Goshen, Oregon, last month.

Dr. and Mrs. George W. Ensley, of Fairfield, visited friends in Spokane last month.

Dr. D. E. McGillivray, of Port Angeles, made a business trip to Seattle last month.

Dr. A. T. Kaupp, of Wenatchee, has purchased a lot on which he proposes to erect a home.

Dr. C. W. Bales, of Kelso, recently sold the forty-acre farm which he owned in Kansas.

Dr. H. S. Strickland, of Olympia, visited friends for two days last month in Seattle.

Dr. G. Lewis, of Sumas, has returned from an extended visit to friends in Montreal.

Dr. J. W. Henderson, of Lind, went with some friends last month on an extensive goose hunt.

Dr. Allen Bonebrake, of Goldendale, was called to North Yakima last month in consultation.

Dr. L. R. Redner, of Dayton, has returned with his wife from their wedding trip through California.

Dr. H. M. Fryer, of Riverside, is spending some little money on improvements at his ranch south of town.

Dr. Philip Frank, of North Yakima, was on the sick list for ten weeks recently. He is now improving in health.

Dr. Lee Ganson, of Odessa, has gone east for a while, and his practice is being looked after by Dr. Remaly.

Dr. A. D. Snyder, who has recently moved from Creston to Davenport, is superintending the construction of his new hospital.

Dr. Ernest L. Bickford, of Seattle, has just returned home from a year's trip abroad. He spent six months in the Royal hospital in Vienna.

Dr. P. C. West, of Bickleton, had a week's vacation last month, during which he took several high degrees in Masonry in Tacoma and Seattle.

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Dr. N. G. Blalock has been elected general manager of a new electric railroad built by the farmers of Walla Walla valley, from Dayton to Pasco. The line is 44 miles long.

Dr. A. D. Snyder, of Preston, has bought a residence at Davenport and has moved there. He will be associated with Dr. O. A. Flannigan, who has recently come to Davenport from Indiana.

Dr. H. Blair, of Elma, while crossing a bridge last month on a bicycle, was thrown from his machine, and fell into the chasm below. He was bruised considerably, and had his hand in a sling for a few days thereafter.

Dr. John L. Harris, of Pullman, has sold his interest in his business to his partners, Drs. Russell and Campbell, and has gone to Chicago and New York, where he will take some special courses. On his return, early in the year, he will reopen his office.

Idaho.

Dr. Frank Holmes, of Grangeville, visited in Spokane last month.

..**Drs. Brereton** and **Falk,** of Boise, have moved into new offices.

Dr. and **Mrs. J. H. Shepherd,** of Coeur d'Alene, visited in Spokane last month.

Dr. B. L. Steeves, of Weiser, was on the sick list last month in the hospital.

Dr. T. L. Harrison, of the McGinn University, Canada, has located at Nez Perce.

Drs. West and **Harshbarger,** of St. Anthony, are having plans drawn for a hospital.

Dr. O. A. Jeffreys, of Cambridge, has sold his household goods and will locate elsewhere.

Dr. George E. Hyde, of Rexberg, secretary of the State Board of Health, is something of a politician, but he was glad of the result on election day.

Dr. Ed. E. Maxey, of Boise, has gone to Europe, to be gone at least one year, for the purpose of post-graduate study in diseases of the eye, ear, nose and throat, to which specialty he expects to devote his work in the future.

Montana.

Dr. H. E. Armstrong, of Billings, has returned home from a six months' sojourn in Europe.

Some Notes on the Medical Treatment of Inflammations of the Biliary Tract.

Wm. N. Berkeley, of New York, advocates medical treatment of every case of disease of the biliary tract before surgical measures are undertaken. He has made autopsies on a number of cases of surgically treated diseases of the biliary tract, and believes that there are many dangers and difficulties in operating on these organs. Ninety-five per cent. of all cases occur after the thirtieth year and twenty per cent. after the fiftieth year. The author recognizes that it is not possible to dissolve the stones that are already formed, but there are means by which the fluidity of the bile can be affected and formation prevented, and secretion stimulated in the biliary organs. Any saline purgative will act thus, but sodium phosphate is most useful. Diet should be mixed, and exercise should not be violent. The quantity of food taken at each meal should be small and the intervals short.—Medical Record.

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As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the syrup, to write "Syr. Hypophos. ***Fellows.***"

As a further precaution, it is advisable that the syrnp should be ordered in the original bottles; the distinguishing marks which the bottles (and the wrappers surrounding them) bear, can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

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